Introduction

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

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

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Contact

To ensure receipt of this newsletter or to unsubscribe, please contact your Hospital and Health Service Child Protection Unit or contact Laura Koopmans directly.

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

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Research Update

Abusive Head Trauma

1. Abusive head trauma in young children: a population-based study

OBJECTIVES: The objectives of this study were to provide population-based incidence estimate of abusive head trauma (AHT) in children aged 0 to 5 years from inpatient and emergency department (ED) and identify risk characteristics for recognizing high-risk children to improve public health surveillance.

METHODS: This was a retrospective cohort study based on children’s first encounter in ED or hospital admission with a diagnosis of head trauma (HT), 2000-2010. The relationship between clinical markers and AHT was examined controlling for covariables in the model using Cox hazards regression. Kaplan-Meier incidence probability was plotted, and the number of weeks elapsing from date of birth to the first encounter with HT established the survival time (T).

RESULTS: Twenty-six thousand six hundred eighty-one children had HT, 502 (1.8%) resulted from abuse; 42.4% was captured from ED. Incidence varied from 28.9 (95% confidence interval [CI], 27.9-37.4) in infants to 4.1 (95% CI, 2.4-5.7) in 5-year-olds per 100,000 per year. Adjusted hazard ratio was 20.3 (95% CI, 10.9-38.0) for intracranial bleeding and 11.4 (95% CI, 8.57-15.21) for retinal haemorrhage.

CONCLUSION: Incidence estimates of AHT are incomplete without including ED. Intracranial bleeding is a cardinal feature of AHT to be considered in case ascertainment to improve public health surveillance

2. Infant abusive head trauma prevention: acceptability of the Period of PURPLE Crying(R) program in far north Queensland, Australia

OBJECTIVES: A study examined the appropriateness and likelihood of usage of the North American Period of PURPLE Crying(R) intervention program in far north Queensland, to educate families about the risk of infant abusive head trauma (AHT)/shaken baby syndrome.

METHODS: A mixed-method cross-sectional study with a questionnaire and semi-structured interview was conducted with 33 health professionals in far north Queensland (FNQ) to gauge their opinions of the Period of PURPLE Crying program's educational materials.

RESULTS: Seventy per cent of participants were aware of infant AHT; 87.8% agreed the program would be
appropriate for far north Queensland populations; 90% agreed that new parents/carers could learn new strategies to deal with inconsolable crying, and that men would be particularly advantaged.

CONCLUSION: In their present form, the educational materials of the Period of PURPLE Crying are appropriate for use. As such, the researchers intend to undertake a pilot implementation in FNQ.

Full text:

Child Physical Abuse

1. Fatal child abuse presenting with multiple vertebral and vascular trauma

SUMMARY: This case study involves the unexplained death of a previously healthy 30-month-old child. Reportedly, she was found unresponsive by her foster father following a 2-hour nap. She was transported to the hospital and died in the emergency room of unknown causes. Blood drawn in the ER showed haemoglobin of 4.3 mg/dL. Post-mortem skeletal survey, magnetic resonance imaging (MRI) of the brain, and retinal examinations were negative. The medical examiner assumed jurisdiction of the body. The autopsy showed massive retroperitoneal haemorrhage, transections of the abdominal aorta, and inferior vena cava, and complete tears of the anterior longitudinal ligament of the spine at C5/C6 and L1/L2 with diastases of the vertebral bodies at the corresponding intervertebral disk spaces. The case is believed to be extraordinary due to both the extent of injury that does not match the reported history and the mechanism of vertebral and vascular injuries.


2. Pediatric child abuse victim with posttraumatic inferior vena cava thrombosis

SUMMARY: Posttraumatic inferior vena cava thrombosis (IVCT) is very rare, with only a few cases reported in the literature. While thromboembolism as a result of trauma is common in adult patients, it is very rare in young children and seldom involves the inferior vena cava. We report the youngest patient to date with IVCT and the only child reported whose findings are the result of child physical abuse. The diagnosis can be challenging both clinically and radiographically. Additionally, the risks of morbidity and even mortality associated with an IVCT if untreated are significant.

3. Cutaneous findings mistaken for physical abuse: present but not pervasive

OBJECTIVES: Incorrect diagnoses during child abuse evaluations are serious. Because skin lesions are common in abuse, it is important to consider cutaneous mimics of physical abuse. The current study prospectively identified cutaneous mimics in a cohort of children evaluated for possible physical abuse.

METHODS: This is a secondary analysis of data from the Examining Siblings To Recognize Abuse research network's prospective, observational, cross-sectional study involving 20 U.S. child abuse teams. Subjects were younger than 10 years old and were evaluated by child abuse physicians (CAPs) for concerns of physical abuse. CAPs prospectively documented whether mimics were identified during their physical abuse evaluations. Details of each patient with cutaneous mimics were evaluated to determine the types of mimics, which part of the evaluations identified mimics, and the perceived abuse likelihood.

RESULTS: Of 2,890 children evaluated for physical abuse, 137 had at least one mimic identified and 69 had some cutaneous mimic components. Although 985 of 2,753 (39%) subjects without mimics had high levels of abuse concern, only 9 of 137 (6%) children with mimics had high levels of abuse concern (p < 0.01). Of 69 children with cutaneous mimics, 56 (81%) were diagnosed by history and physical examination. Cutaneous abuse mimics were identified in 2.4% of children evaluated for physical abuse. Although it was eventually determined that there was little or no concern for abuse in 84% of children with cutaneous mimics, a small number were physically abused.

CONCLUSION: CAP evaluation may be valuable in recognizing children with cutaneous mimics who also were abused.

http://onlinelibrary.wiley.com/doi/10.1111/pde.12290/abstract;jsessionid=95DD51F4A19A3B581E16073BA7D069DE.f01t04

4. Risk prediction score for death of traumatised and injured children

BACKGROUND: Injury prediction scores facilitate the development of clinical management protocols to decrease mortality. However, most of the previously developed scores are limited in scope and are non-specific for use in children. We aimed to develop and validate a risk prediction model of death for injured and Traumatised Thai children.

METHODS: Our cross-sectional study included 43,516 injured children from 34 emergency services. A risk prediction
model was derived using a logistic regression analysis that included 15 predictors. Model performance was assessed using the concordance statistic (C-statistic) and the observed per expected (O/E) ratio. Internal validation of the model was performed using a 200-repetition bootstrap analysis.

RESULTS: Death occurred in 1.7% of the injured children (95% confidence interval [95% CI]: 1.57-1.82). Ten predictors (i.e., age, airway intervention, physical injury mechanism, three injured body regions, the Glasgow Coma Scale, and three vital signs) were significantly associated with death. The C-statistic and the O/E ratio were 0.938 (95% CI: 0.929-0.947) and 0.86 (95% CI: 0.70-1.02), respectively. The scoring scheme classified three risk stratifications with respective likelihood ratios of 1.26 (95% CI: 1.25-1.27), 2.45 (95% CI: 2.42-2.52), and 4.72 (95% CI: 4.57-4.88) for low, intermediate, and high risks of death. Internal validation showed good model performance (C-statistic = 0.938, 95% CI: 0.926-0.952) and a small calibration bias of 0.002 (95% CI: 0.0005-0.003).

CONCLUSIONS: We developed a simplified Thai paediatric injury death prediction score with satisfactory calibrated and discriminative performance in emergency room settings.

Full text: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939810/pdf/1471-2431-14-60.pdf

PURPOSE: To estimate the likelihood that a recent cohort of children would be exposed to sexual abuse and sexual assault by age 17 in the United States.

METHODS: This analysis draws on three very similarly designed national telephone surveys of youth in 2003, 2008, and 2011, resulting in a pooled sample of 708 17-year-olds, 781 15-year-olds, and 804 16-year-olds.

RESULTS: The lifetime experience of 17-year-olds with sexual abuse and sexual assault was 26.6% (95% confidence interval [CI] 19.8-33.5) for girls and 5.1% (95% CI 2.6-7.6) for boys. The lifetime experience with sexual abuse and sexual assault at the hands of adult perpetrators exclusively was 11.2% (95% CI 6.4-16.1) for females and 1.9% (95% CI .5-3.4) for males. For females, considerable risk for sexual abuse and assault was concentrated in late adolescence, as the rate rose from 16.8% (95% CI 11.5-22.2) for 15-year-old females to 26.6% (95% CI 19.8-33.5) for 17-year-old females. For males, it rose from 4.3% (95% CI 1.9-6.8) at 15 years to 5.1% (2.6-7.6) at 17 years.

CONCLUSIONS: Self-report surveys in late adolescence reveal high rates of

Child Sexual Abuse

1. The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence

lifetime experience with sexual abuse and sexual assault at the hands of both adults and peers. Because of high continuing victimization during the late teen years, assessments are most complete when conducted among the oldest youth.


2. Psychological treatment of sexual offenders against children: a meta-analytic review of treatment outcome studies


SUMMARY: Numerous meta-analyses and reviews have been conducted on the effectiveness of psychological treatment of sexual offenders in reducing recidivism, but no meta-analysis has been done on sexual offenders against children (SOAC) specifically. A moderate treatment effect has been shown in several evaluations of general sexual offenders, while many scholars maintain that the question remains unanswered until an adequate number of effectiveness studies with a strong research design have been carried out. In this meta-analysis, we evaluated 14 studies selected and coded according to Collaborative Outcome Data Committee (CODC) criteria. They included 1,421 adult offenders in psychotherapy and 1,509 nontreated controls, with a minimum average follow-up period of 3 years, published in peer-reviewed journals in 1980 or later. Recidivism was defined as rearrest or reconviction. Study quality was classified into strong, good, weak or rejected. The analysis revealed a treatment effect size of $r = .03$ for nine studies evaluated as Good or Weak, while all studies yielded an effect size of $r = .08$, including five studies classified as Rejected. The results show that the available research cannot establish any effect of treatment on SOAC. Despite a large amount of research, only a tiny fraction of studies meet a minimum of scientific standards, and even fewer provide sensible and useful data from which it is possible to draw conclusions.


3. Significance, nature and direction of the association between child sexual abuse and conduct disorder: a systematic review

Maniglio, R. *Trauma Violence Abuse.* Ahead of print [Epub 15/03/2014].

SUMMARY: To elucidate the significance, nature, and direction of the potential relationship between child sexual abuse and conduct disorder, all the pertinent studies were reviewed. Ten databases were searched. Blind assessments of study eligibility and quality were performed by two independent researchers. Thirty-six studies including 185,358 participants and meeting minimum quality criteria that were enough to ensure objectivity and to not invalidate results were analysed. Across
the majority of studies, conduct disorder was significantly and directly related to child sexual abuse, especially repeated sexual molestation and abuse involving penetration, even after controlling for various sociodemographic, family, and clinical variables. The association between child sexual abuse and conduct disorder was not confounded by other risk factors, such as gender, socioeconomic status, school achievement, substance problems, physical abuse, parental antisocial behaviour or substance problems, parent-child relationships, and family disruption, conflict, or violence. Evidence for a significant interactive effect between child sexual abuse and monoamine oxidase A gene on conduct disorder was scant. Early sexual abuse might predispose to the subsequent onset of conduct disorder which, in turn, may lead to further sexual victimization through association with sexually abusive peers or involvement in dangerous situations or sexual survival strategies.


Emotional Abuse & Neglect

1. Child neglect: assessment and intervention


SUMMARY: Neglect is often a neglected form of child maltreatment even though it is the most common and deadliest form of child maltreatment. Pediatric nurse practitioners (PNPs) will most likely encounter neglected children in their practice. It is crucial that PNPs recognize child neglect in a timely manner and intervene appropriately. This continuing education article will help PNPs understand and respond to child neglect. Neglect will be defined and risk factors will be discussed. Children who are neglected can experience serious and lifelong consequences. The medical assessment and plan of care for children with concerns of suspected neglect will be discussed.


Prevention and Interventions

1. Attachment interventions with foster and adoptive parents: a systematic review
Kerr, L. and J. Cossar Child Abuse Rev. Ahead of print [Epub 14/03/2014].

OBJECTIVES: Children who have been adopted or fostered are at high risk of experiencing interpersonal difficulties and placement breakdown may occur if these difficulties are not addressed through interventions. The aim of this review was to identify the impact of attachment interventions with foster and adoptive parents on children’s behavioural, emotional and relational functioning.

METHODS: A systematic search process was undertaken; electronic databases were searched; key journals were hand
searched; reference lists of included articles were searched; and authors who have published work in the field were contacted. Ten studies met the inclusion criteria.

CONCLUSION: There is some evidence to support the positive impact of these interventions for children, particularly young children aged six months to six years. However, overall, the studies were of relatively poor methodological quality, making conclusions about the efficacy of these interventions difficult. Further research is therefore required to draw clearer conclusions about the impact of attachment interventions for fostered and adopted children.


2. Reducing sibling conflict in maltreated children placed in foster homes


OBJECTIVES: Sibling aggression among maltreated children placed in foster homes is linked to other externalizing problems and placement disruption. The reduction of sibling conflict and aggression may be achieved via a multicomponent ecologically focused intervention for families in the foster care system. The focus of the study is to evaluate the feasibility and short-term effectiveness of a transtheoretical intervention model targeting sibling pairs and their foster parent that integrates family systems, social learning theory, and a conflict mediation perspective.

METHODS: In this pilot study, sibling pairs (N = 22) and their foster parent were randomized into a three-component intervention (n = 13) or a comparison (n = 9) group. Promoting Sibling Bonds (PSB) is an 8-week prevention intervention targeting maltreated sibling pairs ages 5-11 years placed together in a foster home. The siblings, parent, and joint components were delivered in a program package at the foster agency by a trained two-clinician team.

RESULTS: Average attendance across program components was 73 %. Outcomes in four areas were gathered at pre- and post-intervention: observed sibling interaction quality (positive and negative) including conflict during play, and foster parent reports of mediation strategies and sibling aggression in the foster home. At post-intervention, adjusting for baseline scores and child age, intervention pairs showed higher positive (p < 0.001) and negative (p < 0.05) interaction quality and lower sibling conflict during play (p < 0.01) than comparison pairs. Foster parents in the intervention group reported a higher number of conflict mediation strategies than those in the comparison group (p < 0.001). Foster parents in the intervention group reported lower sibling physical aggression from the older toward the
CONCLUSION: Data suggest that the PSB intervention is a promising approach to reduce conflict and promote parental mediation, which together may reduce sibling aggression in the foster home.


3. Approaches to evaluation in Australian child and family welfare organizations


SUMMARY: Child and family welfare organizations around the world aspire to achieve missions that will improve outcomes for vulnerable children and families and ultimately reduce the prevalence and impact of child maltreatment. In Australia, this work is currently being influenced by an increasingly turbulent political and economic climate; one that is requiring organizations to engage with evaluation in new and advanced ways so that they are not left behind in the increasingly complex and competitive environment that they now operate in. Despite the apparent awareness and understanding of the essential place of evaluation in quality and effective service delivery, it is also understood that evaluation of the human services work that child and family welfare organizations undertake is extremely challenging due to its intricate, ever-changing and often innovative nature. Embedding evaluation within such organizations therefore requires a tailored and planned decision-making and implementation process. This paper will briefly describe the recent socio-political history and environment that Australian child and family welfare organizations operate in and how this has impacted on engagement with evaluation. With consideration to this, it will describe the evaluation approaches available to organizations and the factors that may influence selection of a specific approach. It will then explore the benefits and challenges of these evaluation approaches, and consider the implications for child and family welfare agencies more broadly.


Long term outcomes

1. The links between early childhood trauma and major mental illness: Psychiatry's response?

Haliburn, J. *Aust N Z J Psychiatry. Ahead of print [Epub 07/03/2014].*

No abstract available.

2. The role of attachment in the relationship between child maltreatment and later emotional and behavioral functioning


OBJECTIVES: The experience of childhood maltreatment is an important predictor of unfavourable emotional and behavioural outcomes. Because little research examined explanatory variables in the relationship between childhood maltreatment experiences and later outcomes, this study examined the role that attachment serves in this relationship.

RESULTS: Four hundred twenty-four participants completed questionnaires assessing the variables of interest for this study. Results indicated that both childhood maltreatment experiences (particularly emotional abuse) and attachment (particularly to mothers and peers) are significant predictors of later emotional and behavioural outcomes. Further, attachment contributed unique and significant variance to the relationship between childhood maltreatment experiences and later outcomes.

CONCLUSION: Such findings suggested that secure attachment may serve as a protective factor against maladaptive emotional and behavioural outcomes as children reach emerging adulthood, even in the context of childhood maltreatment experiences. The importance of studying the relationships among these variables is discussed.

Full text: http://etd.fcla.edu/CF/CFH0003788/Lowell_Amanda_F_201105_BS.pdf

3. Does childhood misfortune raise the risk of acute myocardial infarction in adulthood?


OBJECTIVES: Whereas most research on acute myocardial infarction (AMI) has focused on more proximal influences, such as adult health behaviours, the present study examines the early origins of AMI.

METHODS: Longitudinal data were drawn from the National Survey of Midlife Development in the United States (N = 3032), a nationally representative survey of men and women aged 25-74, which spans from 1995 to 2005. A series of event history analyses modelling age of first AMI investigated the direct effects of accumulated and separate domains of childhood misfortune as well as the mediating effects of adult health lifestyle and psychosocial factors.

RESULTS: Findings reveal that accumulated childhood misfortune and child maltreatment increased AMI risk, net of several adult covariates, including family history of AMI. Smoking fully mediated the effects of both accumulated
CONCLUSION: These findings reveal the importance of the early origins of AMI and health behaviours as mediating factors. http://www.ncbi.nlm.nih.gov/pubmed/24581071

4. Modelling the co-occurrence of psychosis-like experiences and childhood sexual abuse


OBJECTIVES: Recurrent research evidence indicates that childhood sexual abuse (CSA) is associated with psychosis and psychosis-like experiences (PLEs). Many individuals however who have experienced psychosis have never been sexually abused in childhood and many individuals who have experienced CSA have never experienced psychosis.

METHOD: The current study sought to model the co-occurrence of CSA and PLEs using data from the Adult Psychiatric Morbidity Survey. Latent class analysis was employed to identify distinct classes of individuals in the general population who were characterised by the presence, co-occurrence or absence of PLEs and/or CSA. Multinomial logistic regression analysis was utilised to validate membership of classes characterised by both CSA and PLEs using a series of variables that have been proposed to delineate the co-occurrence of these phenomena.

RESULTS: Four hypothesised classes were identified, (1) a CSA-PLE co-occurrence class, (2) a PLE-only class, (3) a CSA-only class and (4) a CSA and PLE free baseline class. CSA-PLE co-occurrence was characterised by neurotic disorder, social isolation, adult sexual molestation and a history of post-traumatic stress disorder (PTSD). PLE occurrence in the absence of CSA was characterised by neurotic disorder, social isolation, a history of PTSD, childhood physical abuse, and uniquely by discrimination and non-sexual trauma post-16 years.

CONCLUSIONS: The findings indicated that a distinct group of individuals in the population was characterised by the co-occurrence of CSA and PLEs. In the absence of CSA, individuals who experienced PLEs were likely to endure a wide range of other, non-sexual, traumatic and adverse experiences. The CSA-PLE co-occurrence class and its associated psychosocial risk profile was discussed in relation to established trauma-based perspectives of psychosis and PLEs. http://www.ncbi.nlm.nih.gov/pubmed/24562388
5. Childhood abuse is associated with methylation of multiple loci in adult DNA

BACKGROUND: Childhood abuse is associated with increased adult disease risk, suggesting that processes acting over the long-term, such as epigenetic regulation of gene activity, may be involved. DNA methylation is a critical mechanism in epigenetic regulation. We aimed to establish whether childhood abuse was associated with adult DNA methylation profiles.

METHODS: In 40 males from the 1958 British Birth Cohort we compared genome-wide promoter DNA methylation in blood taken at 45y for those with, versus those without, childhood abuse (n = 12 vs 28). We analysed the promoter methylation of over 20,000 genes and 489 microRNAs, using MeDIP (methylated DNA immunoprecipitation) in triplicate.

RESULTS: We found 997 differentially methylated gene promoters (311 hypermethylated and 686 hypomethylated) in association with childhood abuse and these promoters were enriched for genes involved in key cell signalling pathways related to transcriptional regulation and development. Using bisulfite-pyrosequencing, abuse-associated methylation (MeDIP) at the metalloproteinase gene, PM20D1, was validated and then replicated in an additional 27 males. Abuse-associated methylation was observed in 39 microRNAs; in 6 of these, the hypermethylated state was consistent with the hypomethylation of their downstream gene targets. Although distributed across the genome, the differentially methylated promoters associated with child abuse clustered in genome regions of at least one megabase. The observations for child abuse showed little overlap with methylation patterns associated with socioeconomic position.

CONCLUSIONS: Our observed genome-wide methylation profiles in adult DNA associated with childhood abuse justify the further exploration of epigenetic regulation as a mediating mechanism for long-term health outcomes.

http://www.biomedcentral.com/content/pdf/1755-8794-7-13.pdf

6. Suicidality among preadolescent maltreated children in foster care

SUMMARY: This study sought to determine the prevalence of suicidal ideation, plans, and attempts among 515 preadolescent (aged 9-11 years) maltreated children who entered foster care within the prior year. Over a quarter (26.4%) of the children had a history of suicidality according to their own and/or
their caregiver’s report, 4.1% of whom were imminently suicidal. In bivariate analyses, children at higher risk of suicidality tended to be younger, non-Hispanic, abused, and to have experienced multiple types of maltreatment, more referrals to child welfare, more household transitions, and a longer length of time in foster care. There were no gender differences. Multiple regression analyses found physical abuse and chronicity of maltreatment to be the most robust predictors of suicidality. It is critically important that these high-risk children are screened for suicidality before adolescence and that caregivers and professionals are informed of their risk status so that they may implement mental health treatment, monitoring, and harm reduction measures.


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Child protection professionals

1. Factitious disorders and malingering: challenges for clinical assessment and management

Bass, C. and P. Halligan Lancet. Ahead of print [Epub 06/03/2014].

SUMMARY: Compared with other psychiatric disorders, diagnosis of factitious disorders is rare, with identification largely dependent on the systematic collection of relevant information, including a detailed chronology and scrutiny of the patient’s medical record. Management of such disorders ideally requires a team-based approach and close involvement of the primary care doctor. As deception is a key defining component of factitious disorders, diagnosis has important implications for young children, particularly when identified in women and health-care workers. Malingering is considered to be rare in clinical practice, whereas simulation of symptoms, motivated by financial rewards, is regarded as more common in medicolegal settings. Although psychometric investigations (eg, symptom validity testing) can inform the detection of illness deception, such tests need support from converging evidence sources, including detailed interview assessments, medical notes, and relevant non-medical investigations. A key challenge in any discussion of abnormal health-care-seeking behaviour is the extent to which a person’s reported symptoms are considered to be a product of choice, or psychopathology beyond volitional control, or perhaps both. Clinical skills alone are not typically sufficient for diagnosis or to detect malingering. Medical education needs to provide doctors with the conceptual, developmental, and management frameworks to understand and deal with patients whose symptoms appear to be simulated. Central to the understanding of factitious disorders and malingering are the explanatory models and beliefs used to provide meaning for both patients and doctors. Future progress
in management will benefit from an increased appreciation of the contribution of non-medical factors and a greater awareness of the conceptual and clinical findings from social neuroscience, occupational health, and clinical psychology.


2. Effects of medical student training in child advocacy and child abuse prevention and intervention


OBJECTIVES: The Child Advocacy Studies Training (CAST) program was developed by the National Child Protection Training Center to educate future professionals to more effectively prevent, identify, and respond to child maltreatment. The program has been implemented nationally in over 20 colleges and universities. This pilot study examines the effectiveness of the first implementation of CAST in a medical school.

RESULTS: Results indicate that medical students’ self-reported preparedness to identify signs of child maltreatment, to report a case of suspected child maltreatment, to recommend or secure needed services for a maltreated child, and likelihood to report suspected child maltreatment if they suspected but were not sure about it were significantly improved after completing CAST.

CONCLUSION: The implications of this study may have a profound impact on identifying and potentially decreasing child maltreatment.

http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2013-10235-001

3. The use of alternate light sources in the clinical evaluation of child abuse and sexual assault


SUMMARY: Alternate light sources are devices that produce visible and invisible light at specific wavelengths to allow for enhanced visualization of fluorescent substances. These devices (which include Wood's lamp and blue light) are often used in forensics for evidence collection and can be quite useful to physicians in the medical evaluation of suspected physical or sexual assault. An understanding of the proper applications, as well as the limitations, of each alternate light source is imperative to correctly performing and interpreting medical evaluations in the emergency department. This review discusses the evidence from prospective trials in children and adults on the ability of specific alternate light sources to identify evidence of physical or sexual assault and also highlights some promising new technological adjuncts to alternate light sources that may allow for accurate dating of bruising.

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Reviews & Guidelines


No abstract available.

Full text:

2. Perceived threat in childhood: a review of research and implications for children living in violent households
Miller, L. E. Trauma Violence Abuse. Ahead of print [Epub 25/02/2014].

SUMMARY: The current study is a review of existing literature on perceived threat across childhood (0-19 years). There is strong evidence from this body of research that threat detection emerges in infancy and is present throughout childhood, with meaningful links to child adjustment. The wide range of methodologies employed to assess threat include biological measures (event-related potential and functional magnetic resonance imaging), observational data (gaze duration and response time), and a range of ways of gathering cognitive data (threat appraisal). Across methodologies, a uniform finding is that children who have higher threat attenuation are at increased risk for the development of anxiety disorders. It also seems that children's attention to threatening stimuli may vary across development, with heightened attention in infancy and early childhood. These findings have meaningful extensions for children who are living in violent families. Since many children living in violent homes are exposed to the threat of violence beginning in infancy, these children may be at heightened risk as compared to their nonexposed peers for the development of maladaptive patterns of threat detection and response. There is some evidence that this long-standing pattern of vigilance toward threat in key developmental periods may in part explain the increased risk of the development of anxiety disorders and posttraumatic stress disorder following exposure to violence.
3. Queensland Child Death Case Review Committee Annual report: 2012-2013

No abstract available.

Full text:

1. Early recognition and management of fabricated or induced illness in children

OBJECTIVES: Fabricated or induced illness (previously known as Munchausen syndrome by proxy) takes place when a caregiver elicits health care on the child’s behalf in an unjustified way. Although the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders specifies deception as a perpetrator characteristic, a far wider range is encountered clinically and is included in this Review. We describe the features of fabricated or induced illness, its effect on the child, and the psychosocial characteristics of caregivers and their possible motives.

RESULTS: Present evidence suggests that somatoform and factitious disorders are over-represented in caregivers, with possible intergenerational transmission of abnormal illness behaviour from the caregiver to the child. Paediatricians’ early recognition of perplexing presentations preceding fabricated or induced illness and their management might obviate the development of this disorder. In cases of fully developed fabricated or induced illness, as well as protection, the child will need help to return to healthy functioning and understand the fabricated or induced illness experience. Management of the perpetrator is largely dependent on their capacity to acknowledge the abusive behaviour and collaborate with helping agencies. If separation is necessary, reunification of mother and child is rare, but can be achieved in selected cases.

CONCLUSION: More collaborative research is needed in this specialty, especially regarding close study of the characteristics of women with somatoform and factitious disorders who involve their children in abnormal illness behaviour. We recommend that general hospitals establish proactive networks including multidisciplinary cooperation between designated staff from both paediatric and adult mental health services.

2. Munchausen syndrome and Munchausen syndrome by proxy in dermatology


SUMMARY: Patients with Munchausen syndrome purposefully injure themselves, often with the injection of foreign materials, to gain hospital admission and the attention associated with having a difficult-to-identify condition. Munchausen syndrome by proxy occurs when a child's caregiver, typically the mother, injures the child for the same reasons. Cases of Munchausen syndrome and Munchausen syndrome by proxy with primary cutaneous involvement appear to be rarely described in the literature suggesting either that diagnosis is not made readily or that it is, in fact, an uncommon disorder. At the centre of both conditions is significant psychological pathology and treatment is difficult as many patients with Munchausen syndrome when confronted with these diagnostic possibilities simply leave the hospital. Little is known about the long-term outcome or prognosis of these patients.


3. Hospitalisations and out-of-home placements of children of substance-abusing mothers: A register-based cohort study


OBJECTIVES: To study (i) whether the children of substance-abusing mothers are hospitalised because of injury or illness more often than other children; (ii) how often these children are placed out of home; and (iii) how the type of substance used by the mother affects her children.

METHODS: This was a retrospective population-based cohort study based on Finnish health care and social welfare registers. The participants were all children born in Finland in 2002 (n = 55369) and their biological mothers (n = 54519). Mothers with register entries related to substance abuse in the period 1998-2009 were defined as having a substance abuse problem. Children were followed up for their first seven years of life for hospitalisations because of injuries and infectious diseases and out-of-home placements. The associations between hospitalisation and out-of-home care and mothers' type of substance abuse were estimated using logistic regression. The child's gender and the mother's psychiatric disorders and socio-demographic characteristics obtained from the registers were standardised in the final models.
RESULTS: Based on the register data, 2% of mothers had a substance abuse problem. Alcohol problems were more common than drug problems. Children with substance-abusing mothers were more often hospitalised because of injuries and infectious diseases than other children. They had also been placed out of home more often. Mothers’ abuse of both alcohol and drugs was a bigger risk for the child than solely alcohol or solely drug abuse.

CONCLUSIONS: The mother’s substance abuse has negative outcomes on the child’s immediate environment, which affects the health and safety of the child.  


4. Use of hair testing to determine methadone exposure in pediatric deaths


SUMMARY: A case of death attributed to methadone acute poisoning in an infant aged 11 months is reported. A sudden infant death syndrome (SIDS) was suspected, whereas a traumatic cause of death was excluded regarding autopsy findings. Specimens were submitted to a large toxicological analysis, which included ethanol measurement by HS-GC-FID, a targeted screening for drugs of abuse and various prescription drug classes followed by quantification using UPLC-MS/MS methods. Methadone and its metabolite (EDDP) were detected in all the tested fluids, as well as in hair, with a blood concentration of methadone considered as lethal for children (73 ng/mL). The cause of death was determined to be acute “methadone poisoning”, and the manner of death was “accidental”. A discussion of the case circumstances, the difficulties with the interpretation of toxicological findings in children (blood concentration and hair testing), and the origin of exposure are 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/

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**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/

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**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:*

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**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.
**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.


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/

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

Signs of Safety (resolutions consultancy)

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

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

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

Website: 

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International

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

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

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

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

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

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

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

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

Chadwick Center for Child and Families
USA

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

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

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

USA

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

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

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

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

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UK

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

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

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

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NEARI Press

USA

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

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

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Stop It Now! – Preventing Sexual Abuse of Children

USA

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

Website
http://www.stopitnow.org/

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

National

Australian Centre for the Study of Sexual Assault (ACSSA)

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

Website:

Australian Domestic & Family Violence Clearinghouse

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

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

Child Protection Special Interest Group – RACP

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

Website:

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

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

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

Commission’s latest reports:

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

Website:

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

Website:

National Child Protection Clearing House (NCPCH)
The NCPCH is an information, advisory and research unit focused on child abuse prevention, child protection and out-of-home care.

Website:

Events calendar:

Subscribe to news alerts:

CPCH publications:

Protecting Australia's Children: Research and Evaluation Register
The Protecting Australia's Children: Research and Evaluation Register is a searchable database of Australian research and evaluation undertaken since 1995. The 1371 projects and publications included in this Register cover a range of topics relating to the protection of Australia's children including:
- The prevention of child abuse and neglect
- Early intervention
- Child protection services
- Out of home care; and
- Support for children who have experience abuse or neglect
The projects and publications included in the Register were identified through a literature search and through details provided by researchers working in the field.

**Website:**

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**International**

**California Evidence Based Clearinghouse (CEBC)**

**USA**

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

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

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

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**Child 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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**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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**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/

Minnesota Center Against Violence and Abuse (MINCAVA)  
USA
MINCAVA provides research, education, and access to violence related resources through the MINCAVA Electronic Clearinghouse. As well as articles, research and bibliographies the website contains information about training resources and courses.

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

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

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

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

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

Website:  

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 Trust (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/

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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

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<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<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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<tr>
<td>31-2 Apr</td>
<td>Conference</td>
<td>Child Aware Approaches Conference</td>
<td>Melbourne VIC</td>
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## April 2014

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<td>Conference</td>
<td>How safe are our children?</td>
<td>London UK</td>
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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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<tr>
<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>
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<tr>
<td>10-13</td>
<td>Conference</td>
<td>Global Summit on Childhood</td>
<td>Vancouver CANADA</td>
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<tr>
<td>14-15</td>
<td>Conference</td>
<td>The Linking up for Kids Conference</td>
<td>Sydney NSW</td>
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<tr>
<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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May 2014

<table>
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<td>1-3</td>
<td>Conference</td>
<td>Confronting family and community violence</td>
<td>Washington USA</td>
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<td>14</td>
<td>Conference</td>
<td>WA Family Pathways Network 2014 Conference</td>
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<tr>
<td>14-15</td>
<td>Conference</td>
<td>Leading practice - making a difference in the lives of children and families</td>
<td>Moorabbin VIC</td>
</tr>
<tr>
<td>16-18</td>
<td>Conference</td>
<td>International conference on child friendly justice</td>
<td>Stockholm SWE</td>
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http://www.apa.org/about/offices/ogc/apa-aba/conference.aspx
http://www.wafpn.com/
http://www.jurfak.su.se/barrattscentrum/om-oss/2.26635/om-barn%C3%A4ttscentrum/2.26388/international-conference-on-child-friendly-justice-1.151875
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**Full text:** [http://www.biomedcentral.com/content/pdf/1755-8794-7-13.pdf](http://www.biomedcentral.com/content/pdf/1755-8794-7-13.pdf)


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