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.

(Note: The access to full-text journal articles is dependent on CKN e-journal subscription. If your access is restricted, document delivery can be requested via your professional library).

Contact

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

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

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Research Update

Abusive Head Trauma

1. Hearing loss in the shaken baby syndrome


OBJECTIVES: To evaluate hearing in children diagnosed with shaken baby syndrome.

METHODS: A retrospective study conducted in a paediatric tertiary care centre between 2006 and 2012. Children diagnosed with shaken baby syndrome were included for hearing evaluation by conventional audiometry, distortion product otoacoustic emissions and auditory brainstem responses.

RESULTS: Twenty-eight children were included (22 boys and 6 girls). The mean age of children at presentation was 8 months (range 1-26 months) and the mean delay before audiometric evaluation was 30 months (range 1-87 months). One child was diagnosed as having a moderate sensorineural hearing loss. The tympanic membrane mobility was normal (type A) for both ears in 22 children, one child had a reduced tympanic mobility in one ear, two children had a negative pressure, one child had a functional trans-tympanic tube and test was not performed in 2 patients.

CONCLUSION: This is the first study reporting hearing loss as a possible result of shaken baby syndrome. However, further studies with larger number of children would be preferable. We recommend hearing evaluation for these children to rule out hearing loss.


2. Imaging of spinal injury in abusive head trauma: a retrospective study


BACKGROUND: Spinal imaging has been a neglected part of abusive head trauma (AHT) imaging. As most of the radiographs and CT spine are negative in AHT in infants, the cervical spine is assumed to be normal. There is increasing evidence in the role of injury to brainstem and cervical cord in the pathogenesis of AHT. In addition, in courts of law, there is fierce debate about AHT, its mimics and other disparate non-traumatic diagnoses explaining the neuroradiological and skeletal findings. However, this discussion ignores the evidence and significance of spinal injury. We sought to study the cervical spine in an AHT cohort to understand the true prevalence of spinal injuries in AHT and contrast it with cohorts of accidental and non-traumatic groups to give the clinicians a robust diagnostic tool in evaluating AHT.
OBJECTIVES: The purpose of this study is to compare the relative incidence of spinal ligamentous and soft-tissue abnormalities on spinal MRI among three groups of children ages <48 months: 1) those with AHT, 2) those with accidental trauma, and 3) those with non-traumatic conditions.

METHODS: This comparative study included 183 children who underwent spine MRI: 67 with AHT, 46 with accidental trauma and a clinical suspicion of spinal injury, and 70 with non-traumatic conditions. Clinical and radiographic findings were collected in all cases and were analysed retrospectively to identify MRI evidence of traumatic spinal injuries. The incidence of spinal injuries among the three groups was compared. The incidence of spinal ligamentous injuries was calculated for those with and without radiographic evidence of hypoxic-ischemic encephalopathy. All comparisons were performed using Fisher exact test with P < 0.05 considered statistically significant.

RESULTS: Cervical spine ligamentous injuries (predominantly the nuchal, atlanto-occipital and atlanto-axial ligaments) were present in 78% of the AHT group, 46% of the accidental trauma group and 1% of the non-traumatic group; all of these differences were statistically significant. Among the AHT group, ligamentous injuries were statistically correlated with evidence of brain ischemia.

CONCLUSION: Injury to the cervical spinal posterior ligamentous complex is common in AHT and even more prevalent than in clinically symptomatic traumatic cases. The high correlation between the radiographic findings of occipitocervical ligamentous injuries and hypoxic-ischemic brain injury is consistent with an interpretation that transient upper occipitocervical spinal cord injury in AHT leads to disordered breathing and results in hypoxic-ischemic encephalopathy. We recommend imaging the entire spine in AHT to properly identify and classify these injuries.


3. Factors associated with hemispheric hypodensity after subdural hematoma following abusive head trauma in children

SUMMARY: Abusive head trauma (AHT) is a unique form of paediatric TBI with increased mortality and sequelae. Hemispheric hypodensity (HH) in association with subdural blood following AHT has been described. While risk factors for HH are not understood, we hypothesized risk factors could be identified. We retrospectively enrolled children under 5 years with TBI secondary to AHT (child advocacy diagnosis) who had undergone initial and interval brain imaging. Records were interrogated for
pre-arrival and in-hospital physiologic and radiographic findings. HH was determined by a blinded observer. Twenty-four children were enrolled and 13 developed HH. HH was not significantly associated with age, initial GCS or mortality. Paediatric Intensity Level of Therapy (PILOT) scores ($p = 0.01$) and daily maximal intracranial pressure (ICPmax) ($p = 0.037$) were higher in HH. Hypoxia, hypotension, cardiopulmonary arrest, need for blood transfusion and daily blood glucoses tended to be greater in HH. While all children with HH had acute subdural hematoma (SDH), many children without HH also had subdural blood; the presence of skull fracture was more likely in the children who did not develop HH ($p = 0.04$) but no other intracranial radiographic pattern of injury was associated with HH. Surgical intervention did not appear to protect against development of HH. A variety of insults associated with ischemia, including intracranial hypertension, ICP-directed therapies, hypoxia, hypotension and cardiac arrest, occurred in the children who developed HH. Given the morbidity and mortality of this condition, larger studies to identify mechanisms leading to the development of HH and mitigating clinical approaches are warranted. Key words: hemispheric hypodensity, subdural hematoma, abusive head trauma, severe traumatic brain injury, intracranial hypertension.


4. Retinal hemorrhages in intubated pediatric intensive care patients

OBJECTIVES: To define the diagnoses associated with the presence of retinal haemorrhages, to clarify the association between retinal haemorrhages, cardiopulmonary resuscitation (CPR), and coagulopathy, and to describe the type of retinal haemorrhages found in intubated critically ill patients <4 years of age.

METHODS: This was a prospective observational study of intubated patients <4 years of age admitted to the paediatric intensive care unit of a tertiary care centre from March 2010 to May 2012. The presence and description of retinal haemorrhages was recorded along with diagnoses, international normalized ratio (INR), CPR (in minutes), and mortality.

RESULTS: A total of 85 intubated, critically ill patients (37 females) were included; average patient age was 8.2 months (range, 0.1-46.8 months). Of the 85 patients, 6 (7%) had retinal haemorrhages (95% CI, 0.029-0.153). Of the 6 patients with RH, abusive head trauma (AHT) was diagnosed in 4 patients, 1 patient had direct head trauma, and 1 had CPR. There were 8 patients with CPR out of the 85. AHT was highly associated with severe multilayered retinal
haemorrhages (P = 0.0001) but coagulopathy (P = 0.2671) and CPR (P = 0.5342) were not.

CONCLUSION: Severe multilayered retinal haemorrhages were associated with AHT in this cohort of patients. Without a history of trauma, retinal haemorrhages occurred in only 1 of 85 patients; in this case the haemorrhages were mild, confined to the posterior pole, and found only in the retinal layer.


5. Retinal haemorrhages associated with fatal paediatric infections

SUMMARY: For many physicians, retinal haemorrhages (RHs) in infants and young children remain highly diagnostic of non-accidental (abusive) head trauma. Because clinicians have applied indirect ophthalmoscopy selectively to cases of suspected child abuse, the association between RH and other conditions such as infection, coagulopathy and accidental trauma has encountered habitual bias, creating the potential for iatrogenic misdiagnosis of child abuse. We present an autopsy case series of four children, aged three years old or younger, in whom RHs were detected by post-mortem monocular indirect ophthalmoscopy after the patients had died from infections. We discuss the laterality, number, type and location of RHs in these cases, and summarize proposed mechanisms of RH formation in fatalities from paediatric infection. We demonstrate that many of the ophthalmological findings that have been considered diagnostic of abusive head trauma can also occur in association with infective processes.


1. Ischial apophyseal fracture in an abused infant

SUMMARY: We report a previously healthy 4-month-old who presented to the hospital with leg pain and swelling and no history of trauma. Radiographs demonstrated a comminuted left femur fracture. Given the concern for child abuse, skeletal survey was performed and revealed four vertebral compression deformities. Although abuse was suspected, the possibility of a lytic lesion associated with the femur fracture and multiple spinal abnormalities raised the possibility of an underlying process such as Langerhans cell histiocytosis. Subsequently 18F-NaF positron emission tomographic (PET) scintigraphy revealed increased tracer activity in the ischium.
and MRI confirmed an ischial apophyseal fracture. Pelvic fractures, particularly ischial fractures, are extremely rare in the setting of child abuse. This case report describes the multimodality imaging findings of an ischial fracture in an abused infant.


2. Sublingual hematoma: when to suspect child abuse

No abstract available.

3. Yield of skeletal survey by age in children referred to abuse specialists

OBJECTIVES: To determine rates of skeletal survey completion and injury identification as a function of age among children who underwent subspecialty evaluation for concerns of physical abuse. METHODS: This was a retrospective secondary analysis of an observational study of 2609 children <60 months of age who underwent evaluation for possible physical abuse. We measured rates of skeletal survey completion and fracture identification for children separated by age into 6-month cohorts.

RESULTS: Among 2609 subjects, 2036 (78%) had skeletal survey and 458 (18%) had at least one new fracture identified. For all age groups up to 36 months, skeletal survey was obtained in >50% of subjects, but rates decreased to less than 35% for subjects >36 months. New fracture identification rates for skeletal survey were similar between children 24-36 months of age (10.3%, 95% CI 7.2-14.2) and children 12-24 months of age (12.0%, 95% CI 9.2-15.3)

CONCLUSIONS: Skeletal surveys identify new fractures in an important fraction of children referred for subspecialty consultation with concerns of physical abuse. These data support guidelines that consider skeletal survey mandatory for all such children <24 months of age and support a low threshold to obtain skeletal survey in children as old as 36 months.


4. Bruising in non-mobile babies
Mecrow, I. Arch Dis Child Ahead of print [Epub 04/04/2014].

No abstract available.
http://adc.bmj.com/content/early/2014/04/04/archdischild-2014-306295.short
5. Facial emotion recognition accuracy and child physical abuse: an experiment and a meta-analysis

OBJECTIVES: To examine child facial emotion recognition accuracy (ERA) in high-risk for child physical abuse (CPA) parents and low-risk for CPA parents (Study 1) and to conduct a meta-analysis summarizing published research on the relationship between child facial ERA and CPA (Study 2).

METHODS: In Study 1, ERA data for child facial emotions were obtained from mothers and fathers who were at high risk (n = 51) or low risk (n = 61) for CPA. In 1 of 2 presentation time conditions (100ms, 600ms), parents evaluated child photographs, taken from the Radboud Faces Database, which displayed 5 face emotions (angry, happy, sad, fearful, neutral) at 3 face angles (frontal, 45 degrees, 90 degrees). In Study 2, a meta-analysis of published studies was used to estimate the overall effect size of ERA differences between high-risk/abusive and comparison parents.

RESULTS: In Study 1, ERA differences were found for emotions (largest ERA for happiness), face angles (frontal > 45 degrees > 90 degrees), and presentation times (100ms <600ms); however, only an overall trend for ERA risk group differences was observed. Nevertheless, the Study 2 meta-analyses revealed a significant effect size reflecting an overall moderate ERA difference between high-risk/abusive and comparison parents, and the effect size was not moderated by the population studied (high-risk parents vs. abusive parents).

CONCLUSION: Because child facial ERA appears to be associated with CPA, the manner in which parental child emotion recognition errors contribute to problematic parent–child interactions merits additional study.

http://psycnet.apa.org/index.cfm?fci=buy.o

Child Sexual Abuse

1. A meta-analytic review of the relationship between nonoffending caregiver support and postdisclosure functioning in sexually abused children
Bolen, R. M. and K. B. Gergely Trauma Violence Abuse Ahead of print [Epub 05/04/2014].

OBJECTIVES: Post-disclosure caregiver support has long been considered a key factor in the functioning of children after their disclosure of sexual abuse, and numerous studies and reviews support this relationship. Yet, a closer look at this literature suggests that support for this relationship might not be as strong or consistent as reported. The purpose of this article is to review studies assessing
the relationship between caregiver support of sexually abused children and post-disclosure functioning of their children.

METHODS: Studies were collected using various search engines, and the tables of contents of certain child maltreatment journals were reviewed. To be included, studies had to be published prior to 2012 and to quantitatively capture the bivariate relationship between a quantified assessment of non-offending caregiver (NOC) support anytime after the child's sexual abuse disclosure and a quantified assessment of at least 1 of the 11 types of post-disclosure functioning in the children.

RESULTS: Twenty-nine studies met the criteria to be included. In the meta-analysis, Pearson's Product Moment Correlation, transformed to a Fisher's Z, was used as the effect size. Potential moderators of effect size were also coded and assessed. Post-disclosure caregiver support was significantly related to 3 of the 11 different types of post-disclosure functioning in children. However, the largest effect size was .170, and 8 of the 11 types of post-disclosure functioning in children had effect sizes smaller than +/- .100. Few moderators of the relationship between NOC support and post-disclosure functioning in children were found. Minimal support for the relationship between caregiver support of sexually abused children and children's post-disclosure functioning was found. At this time, it is impossible to determine whether this weak relationship can be attributed to the many methodological weaknesses in the measurement of caregiver support or whether caregiver support is not related to post-disclosure functioning in children.


2. Predicting suicidal ideations in sexually abused female adolescents: a 12-month prospective study


SUMMARY: This study investigates the contribution of post-traumatic stress symptoms to the prediction of suicidality among female adolescent survivors of sexual abuse. A one-year prospective study of 52 female survivors aged 12 to 18 years was conducted. A negative binomial regression analysis revealed that depressive symptoms as well as post-traumatic stress symptoms associated with the sexual trauma were significant predictors of suicidal ideations a year later. Post-traumatic stress symptoms remained a significant predictor of suicidal ideations even when controlling for depressive symptomatology and the presence of a past suicide attempt, thus emphasizing the relevance of post-traumatic stress symptoms in regard to suicidality in sexually abused youths. Results are discussed within the context of
therapeutic modalities for survivors of a sexual trauma.


3. Child sexual abuse - Medical statement conclusions in criminal legal process


OBJECTIVES: To evaluate medical statement conclusions in the criminal-legal process in suspected cases of child sexual abuse (CSA).

DESIGN: An observational study of a random sample of 130 medically examined, police reported CSA suspected cases during 2001-2009. Medical statements were evaluated and their conclusions were analysed with an end-point in the legal process. The data consists of official investigation documents from the University Hospital records, the Police, crime laboratories, the State Prosecutor, and the Courts of Law.

RESULTS: The median age of the children was 5.3 years (range 11 months-17.3 years) at the time of the suspected sexual abuse. In most cases (76.2%, 99/130) medical statement conclusions neither supported nor excluded the suspicion of CSA. Twenty-one (16.2%) medical statements supported and in ten cases (7.7%) the conclusion did not support the suspected CSA. Of the suspected CSA cases a hundred (76.9%) proceeded to the Prosecutor. The charge filing rate was 41.5% (54/130). The final conviction rate was 30.8% (40/130) and 74% in the charged cases. Medical statements were mentioned as evidence in the Prosecutor's decision to file charges in 18 (33.3%) of suspected CSA cases and in 15 (36%) of verdicts. A child's clear disclosure of CSA (p < 0.001) and medical statements (p = 0.037) had a significant role in decision making on convictions.

CONCLUSION: In medical statement conclusions, physical findings with proper documentation and interpretation are needed to avoid misunderstandings in the legal process. The present study supports a routine medical statement peer review to minimize the risk of neglect caused by lack of knowledge among authorities working with sexually abused children.


No papers identified.

Prevention and Interventions

1. A systematic review of universal campaigns targeting child physical abuse prevention

SUMMARY: The purpose of this review was to better understand the impact of universal campaign interventions with a media component aimed at preventing child physical abuse (CPA). The review included 17 studies featuring 15 campaigns conducted from 1989 to 2011 in five countries. Seven studies used experimental designs, but most were quasi-experimental. CPA incidence was assessed in only three studies and decreased significantly in two. Studies also found significant reductions in relevant outcomes such as dysfunctional parenting, child problem behaviours and parental anger as well as increases in parental self-efficacy and knowledge of concepts and actions relevant to preventing child abuse. The following risk factors were most frequently targeted in campaigns: lack of knowledge regarding positive parenting techniques, parental impulsivity, the stigma of asking for help, inadequate social support and inappropriate expectations for a child's developmental stage. The evidence base for universal campaigns designed to prevent CPA remains inconclusive due to the limited availability of rigorous evaluations; however, Triple-P is a notable exception. Given the potential for such interventions to shift population norms relevant to CPA and reduce rates of CPA, there is a need to further develop and rigorously evaluate such campaigns.


2. CDC grand rounds: creating a healthier future through prevention of child maltreatment


SUMMARY: Child maltreatment is abuse or neglect of a child by a parent or other caregiver that results in potential or actual harm or threats of harm to a child. Maltreatment encompasses both acts of commission (abuse) and omission (neglect). Child maltreatment is divided into four types: 1) physical abuse (e.g., hitting, kicking, shaking, or burning); 2) sexual abuse (e.g., rape or fondling); 3) psychological abuse (e.g., terrorizing or belittling); and 4) neglect, which involves the failure to meet a child's basic physical, emotional, or educational needs (e.g., not providing nutrition, shelter, or medical or mental health care) or the failure to supervise the child in a way that ensures safety (e.g., not taking reasonable steps to prevent injury). In 2012, a total of 1,593 children were reported to have died as a result of maltreatment in the United States. Also in 2012, state child protective service (CPS) agencies received an estimated 3.4 million reports of alleged maltreatment, involving an estimated 6.3 million children. Following the CPS investigation or other response, nearly 700,000 children were confirmed as having been maltreated. However, many cases are never reported to authorities;
the actual scope of child maltreatment is greater. For example, data from a nationally representative survey in 2011 of children and adult caregivers (usually parents) suggest that 13.8% of children are maltreated each year and 25.6% experienced maltreatment at some point during childhood.

http://www.ncbi.nlm.nih.gov/pubmed/24670927

Long term outcomes

1. The cross-generational effects of maternal maltreatment histories: Implications for children's mentalizing development

Bottos, S. and E. S. Nilsen Child Abuse Negl Ahead of print [Epub 25/03/2014].

SUMMARY: The current study sought to explicate the nature of the associations between mothers' childhood experiences of maltreatment, depressive symptoms, and children's mentalizing, with a particular interest in examining the effect mothers' histories of emotional maltreatment (EMT) may have on children's outcomes. Within this context, maternal EMT was examined as a moderator of the relationship between mothers' depressive symptoms and children's mentalizing. Further, the unique mediating role of maternal reflective functioning (RF), relative to women's more general mentalizing abilities, in explaining these processes was explored. Participants included 106 women with children 3-6 years of age. Questionnaires and interactive tasks were used to assess the variables under study. Findings revealed that maternal depressive symptoms and histories of physical, sexual, and emotional maltreatment were all associated with impaired mentalizing in offspring; however, after controlling for each form of abuse, EMT was the only maltreatment type that remained significantly associated with children's outcomes. EMT also emerged as a significant moderator of the relationship between maternal depressive symptoms and children's mentalizing, indicating that depressive symptoms only have detrimental effects on children's mentalizing when mothers' histories of EMT are high. These effects were transmitted via emotionally traumatized mothers' impairments in RF. Findings highlight the particularly pernicious effects of EMT for both survivors of abuse and their offspring and suggest that the cross-generational effects of maternal EMT are transmitted via mothers' impairments in RF. Implications for future research and parent-child interventions are discussed.

2. Executive functioning: Developmental consequences on adolescents with histories of maltreatment


SUMMARY: Research suggests that children exposed to maltreatment have deficits in executive functioning (EF) but few studies have focused on the adolescent age group. We investigated whether maltreated adolescents had lower EF abilities compared to a group of non-maltreated adolescents. Forty adolescents with histories of child maltreatment, together with a comparison group of 40 non-maltreated adolescents matched for age, completed a comprehensive battery of EF tasks. Hierarchical multiple regression analyses, controlling for IQ, were carried out using each of the EF measures as dependent variables to examine group differences. Maltreated adolescents had significantly lower performance than non-maltreated adolescents on tasks assessing executive loaded working memory, fluency, and inhibition, although switching was not impaired. Emotional and behavioural difficulties (EBD) were included in additional regression analyses to examine whether these variables would explain the group differences. The inclusion of EBD variables had some effect on group differences, as expected, but did not eliminate them. These findings support the theory that impairments in EF may be one underlying reason why adolescents with histories of maltreatment struggle to cope both inside and outside the classroom.


Child Protection Professionals

1. What social workers do in performing child protection work: evidence from research into face-to-face practice

Ferguson, H. Child Fam Soc Work Ahead of print [Epub 21/03/2014].

SUMMARY: Little research has been done into what social workers do in everyday child protection practice. This paper outlines the broad findings from an ethnographic study of face-to-face encounters between social workers, children and families, especially on home visits. The social work practice was found to be deeply investigative. Children's bedrooms were routinely inspected and were the most common place where they were seen alone. A high proportion of children were not seen on their own because they were too young and the majority of the time was spent working with parents and children together. Small amounts of time were spent with children on their own and some first encounters were so rushed that social workers did not even introduce themselves to the child.
This arose from two key factors: firstly, organisational pressures from high workloads and the short timescales that social workers were expected to adhere to by managers and Government; secondly, practitioners had varying levels of communication skills, playfulness and comfort with getting close to children and skills at family work. Where these skills and relational capacities were present, social workers were found to have developed deep and meaningful relationships with some children and families, for whom it was apparent that therapeutic change had occurred.


2. Notifications for child safeguarding from an acute hospital in response to presentations to healthcare by parents
Gonzalez-Izquierdo, A., A. Ward, et al.
Child Care Health Dev Ahead of print [Epub 19/03/2014].

BACKGROUND: Consideration of child safeguarding is routine within maternity services but less common in other health services for adults. We audited notifications for child safeguarding from an acute general hospital where the policy includes questioning adults presenting with violence, mental health problems or drug or alcohol misuse to any department within the hospital about children at home and notifying to the local authority children’s social care services if there are safeguarding concerns.

METHODS: Cross-sectional audit of notifications for child safeguarding, including abuse, neglect or victimization, from all departments in one hospital to the local authority children's social care department during 12 months (2010/11).

RESULTS: Of 681 notifications (57 per month), 40% (270/681) were triggered by parents’ presentation to acute hospital services. Of these, 37% (100/270; 12 teenage mothers) presented for maternity care and 60% (162/270; 8 teenage parents) presented to the emergency department (ED). Of the 60% (411/681) of notifications prompted by children presenting for healthcare, most originated from the ED (358/411; 87%): two-thirds of these presented with injury (250/358; 70%).

CONCLUSION: Given a policy to ask adults about children at home, a substantial proportion of children notified for child safeguarding were recognized through presentations to acute healthcare by their parents. Further research and development of this policy needs to ensure that questioning results in effective interventions for the children and their parents.

3. Assessing parenting capacity in child protection: towards a knowledge-based model

Houston, S. Child Fam Soc Work Ahead of print [Epub 13/04/2014].

SUMMARY: The assessment of parenting capacity continues to engender public concern in cases of suspected harm to children. This paper outlines a model for approaching this task based on the application of three key domains of knowledge in social work relating to facts, theory and practice wisdom. The McMaster Model of Family Assessment is identified out of this process and reworked to give it a sharper focus on parenting roles and responsibilities. Seven formative dimensions of parenting are then elicited and combined with an analytical process of identifying strengths, concerns, prospects for growth and impact on child outcomes. The resulting assessment framework, it is argued, adds rigour to professional judgements about parenting capacity and enhances formulations on risk in child protection.


4. Child sexual abuse - Medical statement conclusions in criminal legal process


OBJECTIVES: To evaluate medical statement conclusions in the criminal-legal process in suspected cases of child sexual abuse (CSA).

METHODS: An observational study of a random sample of 130 medically examined, police reported CSA suspected cases during 2001-2009. Medical statements were evaluated and their conclusions were analysed with an end-point in the legal process. The data consists of official investigation documents from the University Hospital records, the Police, crime laboratories, the State Prosecutor, and the Courts of Law.

RESULTS: The median age of the children was 5.3 years (range 11 months-17.3 years) at the time of the suspected sexual abuse. In most cases (76.2%, 99/130) medical statement conclusions neither supported nor excluded the suspicion of CSA. Twenty-one (16.2%) medical statements supported and in ten cases (7.7%) the conclusion did not support the suspected CSA. Of the suspected CSA cases a hundred (76.9%) proceeded to the Prosecutor. The charge filing rate was 41.5% (54/130). The final conviction rate was 30.8% (40/130) and 74% in the charged cases. Medical statements were mentioned as evidence in the Prosecutor's decision to file charges in 18 (33.3%) of suspected CSA cases and in 15 (36%) of verdicts. A child's clear disclosure of CSA (p < 0.001) and medical statements (p = 0.037) had a significant role in decision making on convictions.
CONCLUSION: In medical statement conclusions, physical findings with proper documentation and interpretation are needed to avoid misunderstandings in the legal process. The present study supports a routine medical statement peer review to minimize the risk of neglect caused by lack of knowledge among authorities working with sexually abused children.


Reviews & Guidelines

1. Is the new ACR-SPR practice guideline for addition of oblique views of the ribs to the skeletal survey for child abuse justified?


OBJECTIVES: The purpose of our study was to determine whether adding oblique bilateral rib radiography to the skeletal survey for child abuse significantly increases detection of the number of rib fractures.

METHODS: We identified all patients under 2 years old who underwent a skeletal survey for suspected child abuse from January 2003 through July 2011 and who had at least one rib fracture. These patients were age-matched with control subjects without fractures. Two randomized radiographic series of the ribs were performed, one containing two views (antero-posterior and lateral) and another with four views (added right and left oblique). Three fellowship-trained radiologists (two in paediatrics and one in trauma) blinded to original reports independently evaluated the series using a Likert scale of 1 (no fracture) to 5 (definite fracture). We analysed the following: sensitivity and specificity of the two-view series for detection of any rib fracture and for location (using the four-view series as the reference standard), inter-observer variability, and confidence level.

RESULTS: We identified 212 patients (106 with one or more fractures and 106 without). The sensitivity and specificity of the two-view series were 81% and 91%, respectively. Sensitivity and specificity for detection of posterior rib fractures were 74% and 92%, respectively. There was good agreement between observers for detection of rib fractures in both series (average kappa values of 0.70 and 0.78 for two-views and four-views, respectively). Confidence significantly increased for four-views.

CONCLUSION: Adding bilateral oblique rib radiographs to the skeletal survey results in increased rib fracture detection and increased confidence of readers.

2. Child physical abuse and neglect


SUMMARY: This article provides an overview of child physical abuse and neglect, and describes the magnitude of the problem and the triggers and factors that place children at risk for abuse and neglect. After examining the legal and clinical definitions of child abuse and neglect, common clinical outcomes and therapeutic strategies are reviewed, including the lifelong poor physical and mental health of victims and evidence-supported treatment interventions. Mandated reporting laws, and facilitating collaboration among child welfare, judicial, and health care systems are considered. Important tools and resources for addressing child maltreatment in clinical practice are discussed, and future approaches posited.


2. Child protection in Islamic contexts: identifying cultural and religious appropriate mechanisms and processes using a roundtable methodology


SUMMARY: This paper reports on a piece of research which brought together eight Islamic scholars, four child protection academics and two international development agencies to identify mechanisms and processes which safeguard children from harm that are congruent with Islamic scholarship and practices. Roundtable methodology was used to share knowledge, build networks engaging in risky behaviours and substance abuse and running away from home. The purpose of this article is to provide an overview of child maltreatment in the United States. Characteristics and contributing factors of maltreatment are described, and health and behaviour problems associated with maltreated adolescents will be reviewed. Additionally the role of the school nurse will be discussed. It is imperative that school nurses are aware of the significance of the problem and the effects that child maltreatment has on children as they mature into early adulthood.


1. Adolescents and child maltreatment


SUMMARY: Child maltreatment is a very complex medical and social problem. Many children have died as a result of child maltreatment; others are depressed,
and increase engagement with child protection by bringing together different stakeholders to share experiences and encourage collaboration in a relatively cost-effective manner. Four key themes were identified following initial qualitative data analysis of the roundtable discussion: (1) The convergence and divergence in Islamic thought on issues of child protection; (2) knowledge sharing and partnership working; (3) individual and collective wellbeing; and (4) mechanisms and tools for intervention. Findings from the roundtable indicate that a reliance on solely Western-based models does not allow for the trust and credibility that enable intervention at a deeper level in Islamic communities. Critically, the roundtable highlighted a significant gap in how Islamic knowledge and principles are practically applied to child protection policy and practice in international development contexts. Next steps are identified for building a knowledge base that can be practised in Islamic communities.

Professional development

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

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

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

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

Events calendar:
http://www.childhood.org.au/ProfessionalDevelopmentSeminars/

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

Events calendar:

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

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**Education Centre Against Violence (ECAV) NSW Health**

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

**Website:**

**Events calendar:**

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**ENCOMPASS - Family and Community**

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

**Website:**

**Training schedule:**

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**Family and Relationship Services Australia (FRSA)**

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

**Website:**

**Training and events calendar:**

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**In Safe Hands**

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

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

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

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

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

Website:  

Webinars:  

National Guide to Training Programs in Psychotherapy and Counseling

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

Website:  

Relationships Australia

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

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

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

Secretariat of National Aboriginal and Islands Child Care

SNAICC lists a range of Indigenous-focused professional development training resources in the areas of governance and management, community and family services and family violence and sexual assault.

Website:  
http://www.snaicc.asn.au/index.cfm

Training:  

Signs of Safety (resolutions consultancy)

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

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

**UK**

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

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

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

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**Chadwick Center for Child and Families**

**USA**

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

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

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

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

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

Events Calendar
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 Protection Special Interest Group – BACCH & RCPCH**

UK

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

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

**BACCH Home:**
http://www.bacch.org.uk/index.php

**RCPCH Home:**
http://www.rcpch.ac.uk/

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**Child and Woman Abuse Studies Unit**

UK

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

**Website:**
http://www.cwasu.org/
evidence base behind the diagnosis of physical child abuse.

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

Alignment

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

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 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

#### April 2014

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<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
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<tbody>
<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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<tr>
<td>1-3</td>
<td>Conference</td>
<td>Confronting family and community violence</td>
<td>Washington, USA</td>
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<tr>
<td>4-6</td>
<td>Conference</td>
<td>International conference on shaken baby syndrome/abusive head trauma</td>
<td>Paris, FRANCE</td>
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<td>14</td>
<td>Conference</td>
<td>WA Family Pathways Network 2014 Conference</td>
<td>Perth, WA</td>
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<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>
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<tr>
<td>16-18</td>
<td>Conference</td>
<td>International conference on child friendly justice</td>
<td>Stockholm, SWE</td>
</tr>
</tbody>
</table>
References


22. Fedina, L., *Use and misuse of research in books on sex trafficking: implications for interdisciplinary researchers, practitioners, and advocates*. Trauma Violence Abuse. Ahead of print [Epub 25/02/2014].


27. Gonzalez-Izquierdo, A., et al., *Notifications for child safeguarding from an acute hospital in response to presentations to healthcare by parents*. Child Care Health Dev. Ahead of print [Epub 19/03/2014].


68. Zanoni, L., et al., Are all fathers in child protection families uncommitted, uninvolved and unable to change? Child Youth Serv Rev. Ahead of print [Epub 27/03/2014].
Disclaimer: The views or opinions expressed in the information found in this newsletter do not necessarily reflect those of the Mater Children’s Hospital or QLD Health. This document is simply a platform which facilitates access to existing relevant information.