Introduction

On behalf of the Queensland Child Protection Information Network, I would like to wish you all a very happy and prosperous New Year. A very warm welcome also to all new readers of the Queensland Child Protection Information Network Newsletter and, of course, to all returning readers.

The Queensland Child Protection Information Network Newsletter is a joint initiative of the Mater Children’s Hospital Child Protection Unit, the Southern Queensland Child Protection Clinical Network and the Maternity Child Health and Safety Unit (MCSU), and the Primary Community and Extended Care Branch of Queensland Health. This newsletter supports best practice in Child Protection by facilitating timely access to recent clinical, therapeutic and professional development information.

Each monthly edition is distributed to all Queensland Health Child Protection Units via the CSU mailing list. To ensure receipt of this newsletter or to unsubscribe, please contact your district health office or CSU.

Contact

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 post information relating to best practice or professional development on the monthly information network, please contact Laura Koopmans (Research Officer, Child Protection Unit, Mater Children’s Hospital, South Brisbane).

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Access to links

Hold down the Ctrl key and click on blue link to access full text journal articles or web pages. Where full text articles are not linked, please use the corresponding reference to access the article via CKN.

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

Over 23,000 NSW kids hospitalized for injuries
19 December

More than 23,000 children and young people in New South Wales were hospitalized because of an injury in 2009-2010, according to a report released by the Australian Institute of Health and Welfare (AIHW) and the NSW Commission for Children and Young People. The report, *Serious childhood community injury in New South Wales 2009-10*, provides information on hospitalized injury of NSW children (aged 0-17) between 1 July 2009 and 30 June 2010. It also provides information on long-term trends.


Government Formally Establishes Royal Commission
11 Jan

On Friday 11 January, Prime Minister Julia Gillard announced the formal establishment of a Royal Commission into Institutional Responses to Child Sexual Abuse.


Children and young people in SA’s residential care houses, 2011-12
22 January

The Office of the Guardian for Children and Young People in South Australia has released a report summarizing information relating to children and young people in residential care in that state.

Research Update

Abusive Head Trauma

1. Derivation of a clinical prediction rule for pediatric abusive head trauma


OBJECTIVES: Abusive head trauma is a leading cause of traumatic death and disability during infancy and early childhood. Evidence-based screening tools for abusive head trauma do not exist. Our research objectives were 1) to measure the predictive relationships between abusive head trauma and isolated, discriminating, and reliable clinical variables and 2) to derive a reliable, sensitive, abusive head trauma clinical prediction rule that-if validated-can inform paediatric intensivists' early decisions to launch (or forego) an evaluation for abuse.

DESIGN: Prospective, multicenter, cross-sectional, observational.

SETTING: Fourteen PICUs.

PATIENTS: Acutely head-injured children less than 3 years old admitted for intensive care.

INTERVENTIONS: None.

MEASUREMENTS AND MAIN RESULTS: Applying a priori definitional criteria for abusive head trauma, we identified clinical variables that were discriminating and reliable, calculated likelihood ratios and post-test probabilities of abuse, and applied recursive partitioning to derive an abusive head trauma clinical prediction rule with maximum sensitivity-to help rule out abusive head trauma, if negative. Pretest probability (prevalence) of abusive head trauma in our study population was 0.45 (95 of 209). Post-test probabilities of abusive head trauma for isolated, discriminating, and reliable clinical variables ranged from 0.1 to 0.86. Some of these variables, when positive, shifted probability of abuse upward greatly but changed it little when negative. Other variables, when negative, largely excluded abusive head trauma but increased probability of abuse only slightly when positive. Some discriminating variables demonstrated poor inter-rater reliability. A cluster of five discriminating and reliable variables available at or near the time of hospital admission identified 97% of study patients meeting a priori definitional criteria for abusive head trauma. Negative predictive value was 91%.

CONCLUSION: A more complete understanding of the specific predictive qualities of isolated, discriminating, and reliable variables could improve screening accuracy. If validated, a reliable, sensitive, abusive head trauma clinical prediction rule could be used by paediatric intensivists to calculate an evidence-based, patient-specific estimate of abuse probability that can inform-not dictate-their early decisions to launch (or forego) an evaluation for abuse.

Background: Osteogenesis Imperfecta (OI) is a rare hereditary disease caused by mutations in genes coding for type I collagen, resulting in bone fragility. In literature are described forms lethal in perinatal period, forms which are moderate and slight forms where the only sign of disease is osteopenia. Child abuse is an important social and medical problem. Fractures are the second most common presentation after skin lesions and may present specific patterns. The differential diagnosis between slight-moderate forms of OI and child abuse could be very challenging especially when other signs typical of abuse are absent, since both could present with multiple fractures without reasonable explanations.

Case Scenario: We report a 20 months-old female with a history of 4 fractures occurred between the age of three and eighteen months, brought to authorities' attention as a suspected child abuse. However when she came to our department physical examination, biochemical tests, total body X-ray and a molecular analysis of DNA led the diagnosis of OI. Thus, a treatment with bisphosphonate and a physical rehabilitation process, according to Vojta method, were started with improvement in bony mineralization, gross motor skills and absence of new fracture.

Conclusion: Our case demonstrates how in any child presenting fractures efforts should be made to consider, besides child abuse, all the other hypothesis even the rarest as OI.

Access full text:  

2. Fractures in children younger than 18 months


Summary: Fractures in children younger than 18 months occur before the usual walking age. The prognosis is favourable across fracture types and circumstances of occurrence. The cause is obvious in obstetrical injuries, whose risk factors have been well documented. Diaphyseal fractures are easy to recognise, whereas challenges may arise with the diagnosis of physeal injuries. Fractures occurring after the neonate is discharged home may be due to accidental falls related to clumsiness on the part of the carers. Other possibilities, however, are child abuse and abnormal bone fragility. Thus, the aetiological diagnosis has major medical, social, and legal implications. Identifying the aetiology is often
extremely difficult and benefits from the involvement of a multidisciplinary team. The literature review presented herein is designed to assist orthopaedic surgeons in the diagnosis and management of children with fractures before 18 months of age, in compliance with French legislation, which has undergone major changes over the last quarter century.


3. Yield of skeletal surveys in children <=18 months of age presenting with isolated skull fractures


OBJECTIVES: To measure the yield of a skeletal survey in children <=18 months old presenting with isolated skull fractures without significant intracranial injury.

METHODS: A retrospective chart review was conducted on all children <=18 months old presenting with an isolated skull fracture not associated with a motor vehicle crash or shopping cart fall between January 1, 2004 and December 31, 2010. An institutional protocol requires a skeletal survey and social work consult on all such children. We analysed the association of mechanism of injury, type of skull fracture, and presence of "red flags" with a positive skeletal survey using chi(2) and Fisher exact tests.

RESULTS: Of 175 eligible patients, 150 (86%) underwent a skeletal survey. Of the 9 patients (6%) who had another fracture in addition to the presenting one, only 1 child was older than 6 months. Eight patients with additional fractures had a simple skull fracture (not complex) and 7 patients with other fractures had at least 1 red flag. Regarding skull fractures, the majority of long falls (81%) resulted in a simple skull fracture.

CONCLUSION: The skeletal survey in patients with isolated skull fractures revealed additional fractures in 6% of patients. Thus, a skeletal survey may yield clinically and forensically relevant data in such patients. However, it may be possible to restrict the window for obtaining a skeletal survey to younger infants, particularly those who are premobile.

Access full text:
http://www.mdconsult.com/das/article/body/397138155_2/journal&source=asp-26027896&sid=0/N/1221839/0022347612006798.pdf
issn=0022-3476

4. Prevalence of abusive fractures of the hands, feet, spine, or pelvis on skeletal survey: perhaps “uncommon” is more common than suggested


OBJECTIVES: Recently, it has been suggested that views of the hands, feet, spine, and pelvis should be omitted from routine skeletal surveys (SSs) because these fractures are rarely identified by SS. Our objective was to
describe the prevalence of fractures to the hands, feet, spine, or pelvis among SSs obtained for children in a large, multicenter population who underwent consultation for physical abuse.

METHODS: This was a retrospective secondary analysis of data from the Examining Siblings To Recognize Abuse research network, a consortium of 20 US child abuse teams who collected data for all children younger than 10 years who underwent consultation for concerns of physical abuse. This secondary analysis included data only from index children and excluded data from siblings and contacts. Consulting child abuse physicians reported the number of fractures identified and those that were detected by SS.

RESULTS: Among 2049 initial SSs, 471 (23.0%) showed at least 1 previously unknown fracture including 49 (10.4%) that showed a fracture to the hands, feet, spine, or pelvis. In 10 cases, the SS identified at least 1 fracture of the hands, feet, spine, or pelvis when no other fractures were identified.

CONCLUSION: A significant number of occult, abusive fractures would have been missed if SSs had omitted or deferred views of the hands, feet, spine, and pelvis. Given the risks associated with missed abuse, these views should be routinely included in the radiographic SS.

5. A systematic review of abusive visceral injuries in childhood: their range and recognition


OBJECTIVES: To define what abusive visceral injuries occur, including their clinical features and the value of screening tests for abdominal injury among abused children.

METHODS: We searched 12 databases, with snowballing techniques, for the period 1950-2011, with all identified studies undergoing two independent reviews by trained reviewers, drawn from paediatrics, radiology, paediatric surgery and pathology. Of 5802 studies identified, 188 were reviewed. We included studies of children aged 0-18, with confirmed abusive aetiology, whose injury was defined by computed tomography, contrast studies or at surgery/post mortem. We excluded injuries due to sexual abuse, or those exclusively addressing management or outcome.

RESULTS: Of 88 included studies (64 addressing abdominal injuries), only five were comparative. Every organ in the body has been injured, intra-thoracic injuries were commoner in those aged less than five years. Children with abusive abdominal injuries were younger (2.5-3.7 years vs. 7.6-10.3 years) than accidentally injured children. Duodenal injuries were commonly recorded in abused children, particularly involving the third or
fourth part, and were not reported in accidentally injured children less than four years old. Liver and pancreatic injuries were frequently recorded, with potential pancreatic pseudocyst formation. Abdominal bruising was absent in up to 80% of those with abdominal injuries, and co-existent injuries included fractures, burns and head injury. Post mortem studies revealed that a number of the children had sustained previous, unrecognized, abdominal injuries. The mortality from abusive abdominal injuries was significantly higher than accidental injuries (53% vs. 21%). Only three studies addressed screening for abdominal injury among abused children, and were unsuitable for meta-analysis due to lack of standardized investigations, in particular those with 'negative' screening tests were not consistently investigated.

CONCLUSIONS: Visceral injuries may affect any organ of the body, predominantly abdominal viscera. A non-motor vehicle related duodenal trauma in a child aged < five years warrants consideration of abuse as an aetiology. In the absence of clear evidence for a screening strategy, clinical vigilance is warranted in any young child with suspected abuse for the presence of abdominal injury, where the absence of abdominal bruising or specific symptoms does not preclude significant injury.


6. Duodenal injuries in the very young: child abuse?

BACKGROUND: Duodenal injuries in children are uncommon but have been specifically linked with child abuse in case reports. Owing to the rarity of the diagnosis, few studies to date have looked at the association between duodenal injuries and mechanism in younger child. We hypothesize that duodenal injuries in the very young are significantly associated with child abuse.

METHODS: This investigation is a retrospective cohort study of patients admitted with duodenal injuries at one of six Level I paediatric trauma centres. All institutions had institutional review board approval. The trauma registries were used to identify children aged 0 year to 5 years from 1991 to 2011. Multiple variables were collected and included age, mechanism of injury, type of duodenal injury, additional injuries, mortality, and results of abuse investigation if available. Relationships were analysed using Fischer's exact test.

RESULTS: We identified 32 patients with duodenal injuries with a mean age of 3 years. Duodenal injuries included duodenal hematomas (44%) and perforations/ transections (56%). Of all duodenal injuries, 53% resulted in operation, 53% had additional injuries, and 12.5% resulted in death. Of the 32 children presenting with duodenal injuries,
20 were child abuse patients (62.5%). All duodenal injuries in children younger than 2 years were caused by child abuse (6 of 6, p = 0.06) and more than half of the duodenal injuries in children older than 2 years were caused by child abuse (14 of 26). Child abuse-related duodenal injuries were associated with delayed presentation (p = 0.004). There was a significant increase in child abuse-related duodenal injuries during the time frame of the study (p = 0.002).

CONCLUSION: Duodenal injuries are extremely rare in the paediatric population. This multi-institutional investigation found that child abuse consistently associated with duodenal injuries in children younger than 2 years. The evidence supports a child abuse investigation on children younger than 2 years with duodenal injury.


2. Child sexual abuse in the etiology of anxiety disorders: a systematic review of reviews

Maniglio, R. Trauma Violence Abuse Ahead of print [Epub 25/12/2012].

BACKGROUND: There is considerable controversy about the role of child sexual abuse in the aetiology of anxiety disorders. Although a growing number of research studies have been published, these have produced inconsistent results and conclusions regarding the nature of the associations between child sexual abuse and the various forms of anxiety problems as well as the potential effects of third variables, such as moderators, mediators, or confounders. This article provides a systematic review of the several reviews that have investigated the literature on the role of child sexual abuse in the aetiology of anxiety disorders.

METHODS: Seven databases were searched, supplemented with hand search of reference lists from retrieved papers.
RESULTS: Four meta-analyses, including 3,214,482 subjects from 171 studies, were analysed. There is evidence that child sexual abuse is a significant, although general and nonspecific, risk factor for anxiety disorders, especially posttraumatic stress disorder, regardless of gender of the victim and severity of abuse. Additional biological or psychosocial risk factors (such as alterations in brain structure or function, information processing biases, parental anxiety disorders, family dysfunction, and other forms of child abuse) may interact with child sexual abuse or act independently to cause anxiety disorders in victims in abuse survivors. However, child sexual abuse may sometimes confer additional risk of developing anxiety disorders either as a distal and indirect cause or as a proximal and direct cause.

CONCLUSION: Child sexual abuse should be considered one of the several risk factors for anxiety disorders and included in multifactorial etiological models for anxiety disorders.


Prevention and interventions

1. Development of an evidence-informed in-home family services model for families and children at risk of abuse and neglect


SUMMARY: This paper describes the components of a programme designed to prevent child maltreatment which includes the promising practices of a continuous engagement process, cognitive-behavioural parent and skill teaching, and development of formal and informal supports for families. The programme was also designed to be implemented wide scale. Methods for assessment of strengths and needs, individualization of goals and intervention strategies, and assessment of goal achievement are also described. Finally, preliminary results of a programme implementation fidelity and outcome evaluation are summarized. The authors conclude that this programme is ready for a more rigorous efficacy trial to continue to build the evidence base for this promising intervention addressing a prevalent social problem.


Emotional abuse & neglect

No papers identified.
2. Effectiveness of home visiting programs on child outcomes: a systematic review


BACKGROUND: The effectiveness of paraprofessional home-visitations on improving the circumstances of disadvantaged families is unclear. The purpose of this paper is to systematically review the effectiveness of paraprofessional home-visiting programs on developmental and health outcomes of young children from disadvantaged families.

METHODS: A comprehensive search of electronic databases (e.g., CINAHL PLUS, Cochrane, EMBASE, MEDLINE) from 1990 through May 2012 was supplemented by reference lists to search for relevant studies. Through the use of reliable tools, studies were assessed in duplicate. English language studies of paraprofessional home-visiting programs assessing specific outcomes for children (0-6 years) from disadvantaged families were eligible for inclusion in the review. Data extraction included the characteristics of the participants, intervention, outcomes and quality of the studies.

RESULTS: Studies that scored 13 or greater out of a total of 15 on the validity tool (n = 21) are the focus of this review. All studies are randomized controlled trials and most were conducted in the United States. Significant improvements to the development and health of young children as a result of a home-visiting program are noted for particular groups. These include: (a) prevention of child abuse in some cases, particularly when the intervention is initiated prenatally; (b) developmental benefits in relation to cognition and problem behaviours, and less consistently with language skills; and (c) reduced incidence of low birth weights and health problems in older children, and increased incidence of appropriate weight gain in early childhood. However, overall home-visiting programs are limited in improving the lives of socially high-risk children who live in disadvantaged families.

CONCLUSIONS: Home visitation by paraprofessionals is an intervention that holds promise for socially high-risk families with young children. Initiating the intervention prenatally and increasing the number of visits improves development and health outcomes for particular groups of children. Future studies should consider what dose of the intervention is most beneficial and address retention issues.

Access full text:
3. Establishing a mental health service for young children in out-of-home care: the Gumnut Clinic for 0 to 5 year olds in Western Sydney


**BACKGROUND:** Children aged 0 to 5 years in out-of-home care represent a vulnerable population at high risk of social, emotional, and developmental problems, yet there are few services specifically addressing their psychological needs. This paper is the first of two concerning the establishment of The Gumnut Clinic, a specialist mental health assessment clinic in Western Sydney for this population. The current paper provides the rationale for the development of the clinic and detail of the referral and assessment processes.

**METHODS:** The paper describes the establishment of The Gumnut Clinic at Redbank House in Sydney, Australia, the approach to assessment of these young children and their carers, and the challenges encountered.

**RESULTS AND CONCLUSION:** Young children are overrepresented in child protection and out-of-home care services. Their social, emotional, and developmental needs are under-recognized. Development of a specialist mental health service is a step towards improving health outcomes for these children.

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**Child protection professionals**

1. Healthcare professionals’ priorities for child abuse educational programming: a Delphi study


**OBJECTIVES:** Child abuse reporting and intervening are a complex process. A comprehensive training program with targeted goals and priorities enables professionals to effectively address the needs of abused children and their families. The study purpose was to identify the content and priorities of health professional education in child abuse by integrating expert opinions and achieving consensus.

**METHODS:** A 3-round Delphi study was conducted with 25 multidisciplinary experts in health care, social welfare, psychology and counselling, and law and jurisdiction. Structured questionnaires collected expert opinion of appropriateness and importance of knowledge, subjective norms, attitudes, skills, team collaboration and teaching strategies.

**RESULTS:** The expert response rates ranged from 96 to 100% for the 3 rounds, and consensus was achieved. Knowledge was regarded as the most important element. Two items on forensic evidence in the skill category received the highest importance score.

CONCLUSION: Results provide a basis to develop educational programs achieving clinical competence in child abuse care.


2. Resident comfort level after receiving child abuse training: a survey of pediatric chief residents


No abstract available.


3. Resilience in the context of child maltreatment: connections to the practice of mandatory reporting

Wekerle, C. Child Abuse Negl Ahead of print [Epub 15/01/2013].

SUMMARY: A human rights perspective places the care for children in the obligation sphere. The duty to protect from violence is an outcome of having a declaration confirming inalienable human rights. Nationally, rights may be reflected in constitutions, charters, and criminal codes. Trans-nationally, the United Nation's (UN) Convention on the Rights of the Child (CRC) prioritizes a child's basic human rights, given their dependent status. UN CRC signatory countries commit to implementing minimal standards of care for minors. Laws requiring professionals to report child maltreatment to authorities is one practical strategy to implement minimal child protection and service standards. Mandatory reporting laws officially affirms the wrong of maltreatment, and the right of children. Mandatory reporting can be conceptualized as part of a resilience process, where the law sets the stage for child safety and well-being planning. Although widely enacted law, sizeable research gaps exist in terms of statistics on mandatory reporting compliance in key settings; obstacles and processes in mandatory reporting; the provision of evidence-based training to support the duty to report; and the training- reporting- child outcomes relationship, this latter area being virtually non-existent. The fact that mandatory reporting is not presently evidence-based cannot be separated from this lack of research activity in mandatory reporting. Reporting is an intervention that requires substantial inter-professional investment in research to guide best practices, with methodological expectations of any clinical intervention. Child abuse reporting is consistent with a clinician's other duties to report (i.e. suicidality, homicidality), practice-based skills (e.g., delivering "bad" news, giving assessment feedback), and the pervasive professional principle of "best interests" of the child. Resilience requires the presence of resources and, mandated reporting, is one such resource to the maltreated child. Practice strategies identified in the literature are discussed.

1. A Bayesian approach to complex clinical diagnoses: a case-study in child abuse


SUMMARY: Clinical diagnosis is often a complex task of decision making in the face of uncertainty. Diagnosis of child abuse is a particular example where misdiagnosis in either direction is very serious. We have developed a formal Bayesian methodology to quantify the intrinsic uncertainty in complex clinical diagnostic problems. The motivating case-study was the diagnosis of abuse in an infant presenting with an acute life threatening event and oronasal haemorrhage (nosebleed). Since no direct evidence was available on the probability of abuse given an acute life threatening event and nosebleed, we used Bayes theorem to formulate the diagnosis in terms of prior and inverse conditional probabilities and adapted systematic review methodology and Bayesian evidence synthesis to estimate these and to propagate the associated uncertainty. The estimated probability of abuse was far more uncertain than might be supposed from either expert advice or an informal reading of the literature, and estimates depended crucially on assumptions that were made about the conditional independence of multiple signs of abuse. This highlights the importance of having a formal statistical methodology such as this to assist clinicians in reaching a diagnosis. The process that we worked through is likely to have wider application to other problems of complex clinical diagnosis.

Access full text:

2. Children intoxications: what is abuse and what is not?

Dinis-Oliveira, R. J. and T. Magalhães Trauma Violence Abuse Ahead of print [Epub 26/12/2012].

SUMMARY: The curiosity and the natural tendency to explore the environment put young children at an increased risk of poisoning over older children and adults. Poisonings are a significant area of concern from 1 year of age and progressively contribute more to overall rates of morbidity and mortality until children reach adulthood. Particularly, the abuse of children by poisoning is also highly common with thousands of fatalities. A practical strategy is presented that aims to alert health, forensic, and law enforcement professionals to this problem and to demystify the preconception that it is a rare form of abuse or neglect. Compounds that are foreign to a living organism (xenobiotics) and those present within body (endobiotics), mainly involved in children intoxications and contextual examples related to exposure are also
reviewed. Particular concern is given to concepts in the field of children poisoning. The described history and the clinical and toxicological evaluation are discussed, and harmonized protocols regarding correct procedures for sample collection to forensic toxicological analysis are proposed. Since children are particularly vulnerable to the toxic effects of high doses of xenobiotics and endobiotics, special consideration on the preparation of the environment that surrounds children in order minimize all possible risks will be also considered.

http://tva.sagepub.com/content/early/2012/12/21/1524838012470033.abstract?pa

3. Utility of hepatic transaminases in children with concern for abuse


OBJECTIVES: Routine testing of hepatic transaminases, amylase, and lipase has been recommended for all children evaluated for physical abuse, but rates of screening are widely variable, even among abuse specialists, and data for amylase and lipase testing are lacking. A previous study of screening in centers that endorsed routine transaminase screening suggested that using a transaminase threshold of 80 IU/L could improve injury detection. Our objectives were to prospectively validate the test characteristics of the 80-IU/L threshold and to determine the utility of amylase and lipase to detect occult abdominal injury.

METHODS: This was a retrospective secondary analysis of the Examining Siblings To Recognize Abuse research network, a multicenter study in children younger than 10 years old who underwent subspecialty evaluation for physical abuse. We determined rates of identified abdominal injuries and results of transaminase, amylase, and lipase testing. Screening studies were compared by using basic test characteristics (sensitivity, specificity) and the area under the receiver operating characteristic curve.

RESULTS: Abdominal injuries were identified in 82 of 2890 subjects (2.8%; 95% confidence interval: 2.3%-3.5%). Hepatic transaminases were obtained in 1538 (53%) subjects. Hepatic transaminases had an area under the receiver operating characteristic curve of 0.87. A threshold of 80 IU/L yielded sensitivity of 83.8% and specificity of 83.1%. The areas under the curve for amylase and lipase were 0.67 and 0.72, respectively.

CONCLUSION: Children evaluated for physical abuse with transaminase levels >80 IU/L should undergo definitive testing for abdominal injury.


4. Whole-body post-mortem computed tomography compared with autopsy in the investigation of unexpected death in infants and children

OBJECTIVES: To investigate the contribution of whole-body post-mortem computed tomography (PMCT) in sudden unexpected death in infants and children.

METHODS: Forty-seven cases of sudden unexpected death in children investigated with radiographic skeletal survey, whole-body PMCT and autopsy were enrolled. For imaging interpretation, non-specific post-mortem modifications and abnormal findings related to the presumed cause of death were considered separately. All findings were correlated with autopsy findings.

RESULTS: There were 31 boys and 16 girls. Of these, 44 children (93.6 %) were younger than 2 years. The cause of death was found at autopsy in 18 cases (38.3 %), with 4 confirmed as child abuse, 12 as infectious diseases, 1 as metabolic disease and 1 as bowel volvulus. PMCT results were in accordance with autopsy in all but three of these 18 cases. Death remains unexplained in 29 cases (61.7 %) and was correlated with no abnormal findings on PMCT in 27 cases. Major discrepancies between PMCT and autopsy findings concerned pulmonary analysis.

CONCLUSIONS: Whole-body PMCT may detect relevant findings that can help to explain sudden unexpected death and is essential for detecting non-accidental injuries. We found broad concordance between autopsy and PMCT, except in a few cases of pneumonia. It is a non-invasive technique acceptable to relatives.

KEY POINTS:
- Whole-body post-mortem computed tomography (PMCT) is an effective non-invasive method.
- Whole-body PMCT is essential for detecting child abuse in unexpected death.
- There is concordance on cause of death between PMCT and autopsy.
- Whole-body PMCT could improve autopsy through dissection and sampling guidance.
- PMCT shows findings that may be relevant when parents reject autopsy.


Reviews / Guidelines

1. Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review


BACKGROUND: This is a systematic review of evidence-based treatments for children exposed to childhood maltreatment. Because exposure to childhood maltreatment has been associated with a broad range of trauma-related psychopathology (e.g. PTSD, anxiety, suicidal ideation, substance abuse) and with aggressive and violent behaviour, this review
describes psychotherapeutic treatments which focus on former broad range of psychopathological outcomes.

RESULTS: A total of 26 randomized controlled clinical trials and seven non-randomized controlled clinical trials published between 2000 and 2012 satisfied the inclusionary criteria and were included. These studies dealt with various kinds of samples, from sexually abused and maltreated children in child psychiatric outpatient clinics or in foster care to traumatized incarcerated boys. A total of 27 studies evaluated psychotherapeutic treatments which used trauma-focused cognitive, behavioural or cognitive-behavioural techniques; only two studies evaluated trauma-specific treatments for children and adolescents with comorbid aggressive or violent behaviour; and four studies evaluated psychotherapeutic treatments that predominantly focused on other mental health problems than PTSD and used non-trauma focused cognitive, behavioural or cognitive-behavioural techniques.

CONCLUSION: The results of this review suggest that trauma-focused cognitive-behavioural therapy (TF-CBT) is the best-supported treatment for children following childhood maltreatment. However, in line with increased interest in the diagnosis of complex PTSD and given the likely relationship between childhood maltreatment and aggressive and violent behaviour, the authors suggest that clinical practice should address a phase-oriented approach. This review concludes with a discussion of future research directions and limitations.

Access full text:
http://link.springer.com/content/pdf/10.1007%2Fs00787-012-0367-5
Professional development

National

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

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

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

**Australian Childhood Foundation**

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

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

*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.

*Website:*

*Workshops:*
Caraniche Training and Research

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

Website:

Training and research:

Centre for Community Child Health (CCCH)

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

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

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

Child Abuse Consultancy Education and Training (CACET)

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

Website:

Child Wise

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

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

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

Compass Seminars Australia

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

Website:  

Events calendar:  

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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

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**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:  

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**National Guide to Training Programs in Psychotherapy and Counseling**

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

Website:

Relationships Australia

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

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

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

Secretariat of National Aboriginal and Islands Child Care

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

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

Training:

Signs of Safety (resolutions consultancy)

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

Website:
http://www.signsofsafety.net/home

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

Training.gov.au (TGA)

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

Website:

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

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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/

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

**USA**

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

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

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

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

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**UK**

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

Stop It Now! – Preventing Sexual Abuse of Children

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.nearipress.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:
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:

International

California Evidence Based Clearinghouse (CEBC)

USA

The California Evidence Based Clearinghouse for Child Welfare (CEBC) provide 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/

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 experienced 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.
Child Protection Special Interest Group –
BACCH & RCPCH

UK

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

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

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

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

Child and Woman Abuse Studies Unit

UK

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

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

CORE INFO

UK

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

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

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.
**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:**
https://www.mdconsult.com/das/pdxmd/lookup/345178969-4?type=med

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

**USA**

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

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

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**Minnesota Center Against Violence and Abuse (MINCAVA)**

**USA**

MINCAVA provides research, education, and access to violence related resources through the MINCAVA Electronic Clearinghouse. As well as articles, research and bibliographies the website contains information about training resources and courses.

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

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**National Clearinghouse for Family Violence Canada**

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

**Website:**

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**National Sexual Violence Resource Center (NSVRC)**

**USA**

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

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

Search the NSVRC Library database:
http://207.67.203.54/NS0002Staff/OPAC/Index.asp

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National Criminal Justice Reference Services
USA

The NCJRS website contains a wide collection of criminal justice publications organised by subject and a searchable abstracts database. You can search for national and international upcoming events around juvenile and criminal justice, victim assistance and drug policy here.

Website:
http://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.
Sexual abuse of Males - Jim Hopper

USA

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

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

Welsh Child Protection Systematic Review Group

UK

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

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

### January 2012

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>28-31</td>
<td>Conference</td>
<td>The 27th Annual San Diego international conference on child and family maltreatment</td>
<td>San Diego, USA</td>
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### February 2013

<table>
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<th>Date</th>
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<tbody>
<tr>
<td>18-19</td>
<td>Conference</td>
<td>Adolescent violence in the home conference</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>21-24</td>
<td>Conference</td>
<td>APS counselling psychology conference</td>
<td>Melbourne, VIC</td>
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### March 2013

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>12-14</td>
<td>Conference</td>
<td>Australian bureau of statistics NatStats conference</td>
<td>Brisbane, QLD</td>
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<tr>
<td>14-15</td>
<td>Conference</td>
<td>Carers NSW</td>
<td>Sydney, NSW</td>
</tr>
<tr>
<td>17-20</td>
<td>Conference</td>
<td>6th World congress on family law and children’s rights</td>
<td>Sydney, NSW</td>
</tr>
</tbody>
</table>


18. Dinis-Oliveira RJ, Magalhães T. Children intoxications: what is abuse and what is not? Trauma, violence & abuse; Ahead of print [Epub 26/12/2012]. http://tva.sagepub.com/content/early/2012/12/21/1524838012470033.abstract


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