The Queensland Child Protection Information Network Newsletter

March 2013
Introduction

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 Strategic Policy Priority Area Unit of the System Policy and Performance Division, 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.

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

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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Early intervention to keep youth on track in New South Wales

28 February

The NSW government has announced a new early intervention scheme for juveniles as young as 10, designed to prevent them becoming entrenched in criminal behavior. Under the model, called Youth on Track, police and schools will refer young people considered to be at risk of committing crimes, to be assessed and provided with services which address their needs.

Media release

Youth on Track website

Victorian children in care: pass or fail?

28 February

This Children in Care Report Card is the first of its kind in Victoria and compares the outcomes of children in care with their peers across 25 measures in the six key areas of physical health, mental health, learning, employment & independent living, socializing and leisure.

Access Report Card


1 March

CREATE Foundation have launched the latest national report on out-of-home care in Australia. The report card surveyed over 1000 children and young people with a care experience across Australia.

Access report card

In brief: Early childhood mental health

7 March

This two-page summary – part of the In Brief series from the Centre on the Developing Child at Harvard University – explains how many costly problems for society, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children’s environments of relationships and experiences early in life.

Access brief
http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/

Child protection Australia, 2011-2012

8 March

This report from the Australian Institute of Health and Welfare contains comprehensive information on state and territory child protection and support services, and the
characteristics of Australian children within the child protection system.

Access Report

AusAID Child Protection policy, 2013
18 March

The Australian Government Overseas Aid Agency (AusAID) has released a newly updated Child Protection policy that applies to all AusAID staff and contractors, as well as civil society organizations, multilateral organizations and bilateral donor partners funded by AusAID. Based on an independent review, the updated Child Protection Policy is founded on international best practice and incorporates review recommendations.

Access policy

How adoption went wrong in Australia and why we’re apologizing today
21 March

On 21 March, in the Great Hall of Parliament House, prime minister Julia Gillard apologized to those affected by past forced adoption practices. The following article in The Conversation explores past adoption practices in Australia in the early 20th century.

Access article
Research Update

Abusive Head Trauma

1. Social interaction in young children with inflicted and accidental traumatic brain injury: relations with family resources and social outcomes


BACKGROUND AND METHODS: Core social interaction behaviours were examined in young children 0-36 months of age who were hospitalized for accidental (n = 61) or inflicted (n = 64) traumatic brain injury (TBI) in comparison to typically developing children (n = 60). Responding to and initiating gaze and joint attention (JA) were evaluated during a semi-structured sequence of social interactions between the child and an examiner at 2 and 12 months after injury.

RESULTS: The accidental TBI group established gaze less often and had an initial deficit initiating JA that resolved by the follow-up. Contrary to expectation, children with inflicted TBI did not have lower rates of social engagement than other groups. Responding to JA was more strongly related than initiating JA to measures of injury severity and to later cognitive and social outcomes. Compared to complicated-mild/moderate TBI, severe TBI in young children was associated with less responsiveness in social interactions and less favourable caregiver ratings of communication and social behaviour. JA response, family resources, and group interacted to predict outcomes. Children with inflicted TBI who were less socially responsive and had lower levels of family resources had the least favourable outcomes.

CONCLUSION: Low social responsiveness after TBI may be an early marker for later cognitive and adaptive behaviour difficulties.


2. Investigating the possibility and probability of perinatal subdural hematoma progressing to chronic subdural hematoma, with and without complications, in neonates and its potential relationship to the misdiagnosis of abusive head trauma


SUMMARY: The high incidence of subdural hematoma (SDH) from birthing was first identified with MRI by Looney in 2007 and was then more accurately determined by Rooks in 2008. Rooks screened 101 "normal" deliveries and demonstrated that 46% of the babies her series and by inference, approximately 46% of the 4 million born normally in the US have SDH that formed in the perinatal (birthing) period during labour. Both metabolic strain and physical forces
exerted on the head, damage the capillaries within the dura (the intradural capillary bed), which is the source of the blood in the SDH that results from labour and delivery or at times from labour alone. While child abuse paediatricians relying on Rooks, maintain that no permanent complications result, her study was limited to 101 subjects and the sole criteria for resolution was the resolution of the SDH as seen on follow-up MRI. In fact, Rooks did have one patient (1%) who had complications that lead to symptoms and findings often associated with abuse. The purpose of this article is to explore if there is a complication rate for perinatal (PSDH) that supports that 1% or complications that are definable by different criteria? Next, if there are complications, how many of the roughly 2,000,000 cases of perinatal acute subdural hematoma every year in the United States will suffer them? Then, what are the clinical manifestations of the complications if they occur? Lastly, do the complications cause or mimic some or all of the findings that are offered by board certified child abuse paediatricians as evidence of child abuse? The article argues that a small percentage, but significant number of neonates, suffer birth related complications and findings secondary to the development of chronic subdural hematoma (CSDH) that are often misdiagnosed as abusive head trauma.

Access full text
http://download.journals.elsevierhealth.com/pdfs/journals/1344-6223/Pis1344622313000023.pdf

3. Dedicated retinal examination in children evaluated for physical abuse without radiographically identified traumatic brain injury

*Ahead of print [Epub 19/03/2013].*

OBJECTIVES: To determine the rate of retinal haemorrhages in children evaluated for physical abuse without traumatic brain injury (TBI) by diagnostic imaging.

METHODS: This study was a prospectively planned, secondary analysis of the Examining Siblings to Recognize Abuse (ExSTRA) research network, and included only index children who presented with concerns for abuse. Subjects were eligible for the parent study if they were less than 10 years old and evaluated by a Child Abuse Physician for concerns of physical abuse. Child Abuse Physicians recorded results of all screening testing and determination of the likelihood of abuse in each case. For this analysis, we examined the results of dedicated retinal examinations for children with neuroimaging that showed no TBI. Isolated skull fractures were not considered to be TBI.

RESULTS: The original ExSTRA sample included 2890 index children evaluated for physical abuse. Of this group, 1692 underwent neuroimaging and 1122 had no TBI. Of these 1122 children, 352 had a dedicated retinal examination. Retinal haemorrhages were identified in 2 (0.6%) children. In both cases, there were few (defined as 3-10)
haemorrhages isolated to the posterior poles; neither was diagnosed with physical abuse. The presence of facial bruising, altered mental status, or complex skull fractures was neither sensitive nor specific for retinal haemorrhage identification.

CONCLUSIONS: Forensically significant retinal haemorrhages are unlikely to be found in children evaluated for physical abuse without TBI on neuroimaging, and such children may not require routine dedicated retinal examination.


2. Occult rib fractures: defining the cause


BACKGROUND: The probability of physical abuse (PA) is high in children with occult rib fractures. Other causes include non-intentional trauma, post-surgery and cardiopulmonary resuscitation. Bone fragility increases the risk of fractures, namely metabolic bone disease of prematurity (MBDP), Osteogenesis Imperfecta, rickets and rare metabolic bone diseases. Occult rib fractures have a high probability of physical abuse. This case series describes 61 children under two years of age with rib fractures and associations with clinical and radiological features and aetiology.

RESULTS: There were 20 cases of PA, 11 postsurgical and three non-intentional trauma. Two cases had fractures following cardiopulmonary resuscitation, 18 MBDP and
one metabolic bone disease. In six cases, the cause remained unknown. The number and distribution of rib fractures and the age of infants did not discriminate between MBDP and PA. Fractures were predominantly posterior, postero-lateral or lateral. All cases of MBDP had a gestational age of 31 weeks or less and birth weight < 1.25 kg. Each child with MBDP had at least one additional risk factor. Chronic lung disease was recorded in seven, prolonged total parenteral nutrition in ten, steroid use in four, furosemide medication in eight and necrotising enterocolitis in three. All PA cases had other associated injuries or signs of neglect.

CONCLUSION: We recommend a comprehensive assessment of infants with occult rib fractures including an examination to exclude associated trauma, a child protection assessment and a full clinical assessment to exclude risk factors for co-existing bone fragility.


3. Yield of radiographic skeletal surveys for detection of hand, foot, and spine fractures in suspected child abuse


OBJECTIVES: Previous studies have found that fractures involving the spine, hands, and feet are rare on skeletal surveys in cases of suspected child abuse, leading some authors to suggest eliminating these regions from the initial skeletal survey protocol. We assessed this recommendation by performing a historical review of these injuries in a paediatric population undergoing film screen-based radiographic skeletal surveys for suspected child abuse.

METHODS: This cross-sectional retrospective study reviewed reports of initial skeletal surveys of all children younger than 2 years with suspected abuse imaged between April 1988 and December 2001. Radiographic skeletal survey imaging was performed according to American College of Radiology standards. Sixty-two percent (225/365) of all skeletal surveys had positive findings, and 44% (98/225) showed more than one fracture. Surveys with fractures involving the spine, hands, or feet were identified, and the data were tabulated and analysed.

RESULTS: Twenty of 365 studies (5.5%) yielded fractures involving the spine, hands, or feet. Of all positive skeletal surveys, 8.9% (20/225) had fractures involving the spine, hands, or feet. Of all patients with more than one fracture on skeletal survey, 20.4% (20/98) had fractures involving these regions.

CONCLUSION: These data, acquired during the film-screen era, suggest that fractures of the spine, hands, and feet may not be rare in infants and toddlers in cases of suspected child abuse. The benefits of eliminating views of these regions from the initial skeletal survey should be carefully weighed against the cost of missing these potentially
important injuries in at-risk paediatric populations.

4. Systematic reviews of bruising in relation to child abuse—what have we learnt: an overview of review updates

BACKGROUND: Dogma has long prevailed regarding the ageing of bruises, and whether certain patterns of bruising are suggestive or diagnostic of child abuse. We conducted the first Systematic Reviews addressing these two issues, to determine the scientific basis for current clinical practice. There have been seven updates since 2004.

METHODS: An all language literature search was performed across 13 databases, 1951–2004, using >60 key words, supplemented by ‘snowballing’ techniques. Quality standards included a novel confirmation of abuse scale. Updates used expanded key words, and a higher standard for confirmation of abuse.

RESULTS: Of 1495 potential studies, only three met the inclusion criteria for ageing of bruises in 2004, confirming that it is inaccurate to do so with the naked eye. This was roundly rejected when first reported, generating a wave of new studies attempting to determine a scientifically valid method to age bruises, none of which are applicable in children yet.

Regarding patterns of bruising that may be suggestive or diagnostic of abuse, we included 23 of 167 studies reviewed in 2004, although only 2 were comparative studies. Included studies noted that unintentional bruises occur predominantly on the front of the body, over bony prominences and their presence is directly correlated to the child’s level of independent mobility. Bruising patterns in abused children, differed in location (most common site being face, neck, ear, head, trunk, buttocks, arms), and tended to be larger. Updates have included a further 14 studies, including bruising in disabled children, defining distinguishing patterns in severely injured abused and non-abused children, and importance of petechiae.

CONCLUSIONS: Systematic Reviews of bruising challenged accepted wisdom regarding ageing of bruises, which had no scientific basis; stimulated higher quality research on patterns of bruises distinguishing abusive and non-abusive bruising patterns, and highlighted the benefits of regular updates of these reviews.

Full text

5. Sentinel injuries in infants evaluated for child physical abuse

OBJECTIVE: Relatively minor abusive injuries can precede severe physical abuse in infants.
Our objective was to determine how often abused infants have a previous history of "sentinel" injuries, compared with infants who were not abused.

METHODS: Case-control, retrospective study of 401, <12-month-old infants evaluated for abuse in a hospital-based setting and found to have definite, intermediate concern for, or no abuse after evaluation by the hospital-based Child Protection Team. A sentinel injury was defined as a previous injury reported in the medical history that was suspicious for abuse because the infant could not cruise, or the explanation was implausible.

RESULTS: Of the 200 definitely abused infants, 27.5% had a previous sentinel injury compared with 8% of the 100 infants with intermediate concern for abuse (odds ratio: 4.4, 95% confidence interval: 2.0-9.6; \( P < .001 \)). None of the 101 nonabused infants (controls) had a previous sentinel injury (\( P < .001 \)). The type of sentinel injury in the definitely abused cohort was bruising (80%), intraoral injury (11%), and other injury (7%). Sentinel injuries occurred in early infancy: 66% at <3 months of age and 95% at or before the age of 7 months. Medical providers were reportedly aware of the sentinel injury in 41.9% of cases.

CONCLUSION: Previous sentinel injuries are common in infants with severe physical abuse and rare in infants evaluated for abuse and found to not be abused. Detection of sentinel injuries with appropriate interventions could prevent many cases of abuse.


6. Histories in abusive childhood fractures: a case series

Wilson, B. & Smith, H. Child Abuse Rev
Ahead of print [Epub 26/02/2013].

BACKGROUND AND METHODS: A retrospective review was carried out of the histories given by the carers of children aged from newborn to three years with abusive fractures of the shafts of long bones, regardless of the truth or falsehood of their statements. Textual analysis of the medical and legal records was used to extract and define recurrent themes in a recursive fashion.

RESULTS: Statements and reports were studied relating to 18 children under three years old with proven child abuse, including 13 boys. Seventeen of the 18 families presented to the health services because of signs of major injuries. Five families spontaneously described a ‘trigger account’, a minor household incident said to have caused the major injury. After repeated questioning, a total of 41 accounts were produced. Thirty-one of these were minor household incidents and nine were admissions or accusations of rough handling of the child. The accounts were often vague or uncertain and multiple accounts were often given to explain the...
same injury. Three accounts were challenged by another carer.

CONCLUSION: The misleading accounts given by parents and carers formed a distinctive ‘narrative’ and can be considered a likely indicator of serious child abuse.


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**Child sexual abuse**

1. Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers


SUMMARY: The individual, family and abuse characteristics of 700 children and young people referred to nine UK services over a nine-year period between 1992 and 2000 as a result of their sexually abusive behaviours. The most common age at referral was 15 years, though a third of all referrals related to children aged 13 or under. Thirty-eight per cent of the sample were identified as learning disabled. Surprisingly high rates of sexual and non-sexual victimisation were present in the backgrounds of the children and young people referred. A wide range of abusive behaviours was perpetrated with just over half of the sample having penetrated or having attempted to penetrate another individual. Victims were usually known to the abuser but in 75 per cent of cases were not related. Fifty-one per cent of the sample abused females only, though 49 per cent had at least one male victim. The implications for policy and practice with children and young people with harmful sexual behaviours are discussed.


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2. Preventing youth sexual violence and abuse: problems and solutions in the Australian context


SUMMARY: Young people under 18 years of age are responsible for a significant proportion of officially recorded sexual offences worldwide, including in Australia. In this article we examine the wider problem of youth sexual violence and abuse, and propose solutions for the Australian context. We describe an ecological, field-based clinical forensic practice model developed in Queensland, and show how engagement with youth sexual offenders within their natural social ecologies has led to the discovery of specific endemic problems that would normally remain hidden or beyond the reach of conventional clinical services. Drawing on public health and crime prevention concepts and methods, we present a comprehensive framework for organising prevention strategies and describe how this framework has guided our approach to developing place-based prevention strategies at two sites. We
conclude by outlining the changes we see as necessary for forensic psychology practitioners to engage in a wider crime prevention agenda.

Full text

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Emotional abuse & neglect

1. Attention to the neglected: prospects for research on child neglect for the next decade

**Boyce, C. A. & Maholmes, V.** Child Maltreat Ahead of print [Epub 28/02/2013].

SUMMARY: In 1997, the National Institutes of Health within the United States Department of Health and Human Services reviewed the state of its research on child abuse and neglect (US Department of Health and Human Services, National Institutes of Health, 1997). The findings suggested that although neglect was the most frequent type of child maltreatment, research studies were lacking. Through an unprecedented partnership across federal funding agencies for research on child neglect, research was encouraged in several areas. Over the past fifteen years, consortia of researchers have continued to increase our knowledge of child neglect and to shape the field. Nonetheless, challenges for research on child neglect remain, including the changing demographics of the nation and health disparities. Evidenced-based early interventions and treatments may be an opportunity for prevention of child neglect and improving child welfare services, particularly in an era of health care reform. Developmental researchers across the translational pipeline are encouraged to integrate child neglect research in future studies to inform prevention, treatment and policy efforts for the improved health and well-being of children, families and communities.


2. Translational research on child neglect: progress and future needs


No abstract available.


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Prevention and interventions

1. Young people, adult worries": RCT of an internet-based self-support method "Feel the ViBe" for children, adolescents and young adults exposed to family violence, a study protocol


BACKGROUND: Violence in families affects children. Exposure to violence is seen as child abuse. Figures show that about one third of children exposed to violence become victim or perpetrator in their adult life: known as
intergenerational transmission. Violence also affects sexual and reproductive health. To prevent problems in adult life, children need help and support. However, while trying to protect their parents, children often do not seek help, or perceive the threshold as too high. Since almost all children of the current generation have access to the internet, an online intervention will make help better available for this target group. In 2011, an internet-based self-support method for children, adolescents and young adults exposed to family violence was developed in the Netherlands: "Feel the ViBe". The intervention was developed in close collaboration with the target group. This article describes the protocol of the RCT to study the effectiveness of this intervention.

METHODS: This study is a randomized controlled trial using the method of minimization to randomize the participants in two parallel groups with a 1:1 allocation ratio, being an intervention group, having access to "Feel the ViBe" and usual care (UC), and a control group, having access to minimally enhanced usual care (mEUC) followed by access to the intervention after twelve weeks. Outcomes are measured with questionnaires on PTSD symptoms, mental health and sexual and reproductive health. Routine Outcome Measurement (ROM) will be used to measure a direct effect of participating in the intervention. Data from a web evaluation questionnaire (WEQ), user statistics and qualitative analysis of online data will be used to support the findings. To compare results Cohen’s d effect sizes will be used.

DISCUSSION: A RCT and process evaluation will test effectiveness and provide information of how the effects can be explained, how the intervention meets the expectation of participants and which possible barriers and facilitators for implementation exist. A qualitative analysis of the data will add information to interpret the quantitative data. This makes "Feel the ViBe" unique in its field.

Full text

Child protection professionals

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

Knox, M. S., H. Pelletier, et al. Psych Trauma Ahead of print [Epub 25/03/2013].

No abstract available.

2. The child abuse pediatrics trainee and forensic pathology


No abstract available.
1. How do interviewers and children discuss individual occurrences of alleged repeated abuse in forensic interviews?

SUMMARY: Police interviews (n=97) with 5- to 13-year-olds alleging multiple incidents of sexual abuse were examined to determine how interviewers elicited and children recounted specific instances of abuse. Coders assessed the labels for individual occurrences that arose in interviews, recording who generated them, how they were used and other devices to aid particularisation such as the use of episodic and generic language. Interviewers used significantly more temporal labels than did children. With age, children were more likely to generate labels themselves, and most children generated at least one label. In 66% of the cases, interviewers ignored or replaced children's labels, and when they did so, children reported proportionately fewer episodic details. Children were highly responsive to the interviewers' language style. Results indicate that appropriately trained interviewers can help children of all ages to provide the specific details often necessary to ensure successful prosecution.

http://onlinelibrary.wiley.com/doi/10.1002/acp.2920/abstract

2. From ‘Rights to Action’: practitioners' perceptions of the needs of children experiencing domestic violence
Clarke, A. & Wydall, S. Child Fam Soc Work Ahead of print [Epub 21/03/2013].

SUMMARY: Not only has research over the past decade documented the emotional and behavioural consequences for children who witness domestic violence, but a number of studies have used children as participants thus, giving them an opportunity to describe their experiences in their own words. In policy terms, there has been a growing emphasis on children’s rights and the importance and understanding of children's perspectives on their own lives. Consequently, children can no longer be perceived as forgotten victims where domestic violence is concerned. This paper explores practitioners' awareness of the needs of children and young people living with, and fleeing from, domestic violence. The research, conducted in a rural area in Wales, reveals that although the views of practitioners reflect the concerns reported by young people in other studies, there can be barriers to meeting these needs. While policy prescribes engaging with children, at the institutional level, operational priorities and increasing administrative demands can actually reduce opportunities for working directly with children. These demands may hamper the development of multi-agency practice.

2. Reduced orbitofrontal and temporal grey matter in a community sample of maltreated children


BACKGROUND: Childhood maltreatment is strongly associated with increased risk of psychiatric disorder. Previous neuroimaging studies have reported atypical neural structure in the orbitofrontal cortex, temporal lobe, amygdala, hippocampus and cerebellum in maltreated samples. It has been hypothesised that these structural differences may relate to increased psychiatric vulnerability. However, previous studies have typically recruited clinical samples with concurrent psychiatric disorders, or have poorly characterised the range of maltreatment experiences and levels of concurrent anxiety or depression, limiting the interpretation of the observed structural differences.

METHODS: We used voxel-based morphometry to compare grey matter volume in a group of 18 children (mean age 12.01 years, SD = 1.4), referred to community social services, with documented and well-characterised experiences of maltreatment at home and a group of 20 nonmaltreated children (mean age 12.6 years, SD = 1.3). Both groups were comparable on age, gender, cognitive ability, ethnicity and levels of anxiety, depression and posttraumatic stress symptoms. We examined five a priori regions of interest: the prefrontal cortex, temporal lobes, amygdala, hippocampus and cerebellum.

RESULTS: Maltreated children, compared to nonmaltreated peers, presented with reduced grey matter in the medial orbitofrontal cortex and the left middle temporal gyrus.

CONCLUSION: The medial orbitofrontal cortex and the middle temporal gyrus have been implicated in reinforcement-based decision-making, emotion regulation and autobiographical memory, processes that are impaired in a number of psychiatric disorders associated with maltreatment. We speculate that grey matter disturbance in these regions in a community sample of maltreated children may represent a latent neurobiological risk factor for later psychopathology and heightened risk taking.


3. Prevalence of sexual, physical and emotional abuse in the Norwegian Mother and Child Cohort Study


BACKGROUND: Abuse of women occurs in every society of the world. Increased information about the prevalence in industrialized countries, like Norway, is required to make strategies to prevent abuse. Our aim was to investigate the prevalence of
self-reported sexual, physical and emotional abuse in a large obstetric population in Norway, and the associations between exposure to adult abuse, socio-demographics and other characteristics.

METHODS: Our study is based on the Norwegian Mother and Child (MoBa) Cohort study, conducted by the Norwegian Institute of Public Health. The current study included 65,393 women who responded to two extensive postal questionnaires during pregnancy. Any adult abuse is defined as being exposed to one or more types of adult abuse, any child abuse is defined as being exposed to one or more types of child abuse, and any lifetime abuse is defined as being exposed to abuse either as a child and/or as an adult. Perpetrators were categorized as known or stranger.

RESULTS: Overall, 32% of the women reported any lifetime abuse, 20% reported any adult abuse, 19% reported any child abuse and 6% reported abuse both as adults and as children. Emotional abuse was the most frequently reported type of abuse both as adults (16%) and children (14%). Adult sexual abuse was reported by 5% and child sexual abuse by 7%. Physical abuse was reported by 6% as adults and by 6% as children. Approximately 30% of those reporting adult or child abuse reported exposure to two or three types of abuse. Five percent of the women reported exposure to any abuse during the last 12 months. For all types of abuse, a known perpetrator was more commonly reported. Logistic regression showed that being exposed to child abuse, smoking and drinking alcohol in the first trimester of pregnancy, living alone, and belonging to the eldest age group were significantly associated with being exposed to any adult abuse.

CONCLUSION: The reported prevalence of any lifetime abuse was substantial in our low-risk pregnant population. Antenatal care is an opportunity for clinicians to ask about experiences of abuse and identify those at risk.

Full text
http://www.biomedcentral.com/content/pdf/1471-2458-13-186.pdf

4. Didn’t we just see you? Time to recurrence among frequently encountered families in CPS
Zhang, S., T. Fuller, et al. Child Youth Serv Rev Ahead of print [Epub 01/03/2013].

SUMMARY: In child protection services, multiple maltreatment recurrences, or chronic maltreatment, has been a concern drawing increased attention because of its persistent harm to the children and the need to consider more effective intervention strategies to meet its unique needs. Timing has been an important issue in understanding the pattern of chronic maltreatment. No existing research has examined the influence of the interval between previous maltreatment incidents on future recurrences. The current study uses state administrative data to conduct
longitudinal analyses to examine how the interval between previous maltreatment incidents is associated with the likelihood of future maltreatment occurrence among children who encountered multiple maltreatment recurrences. The findings suggest that short intervals are associated with increased likelihood of encountering a future recurrence, while controlling various covariates. The findings suggest the possibility of including the interval between previous maltreatment incidents as an indicator for child maltreatment risk assessment, and the need for developing responsive intervention strategies to stop the trend of chronic maltreatment.


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

Biehal, N. Child Abuse Rev Ahead of print [Epub 28/02/2013].

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


2. Risk and protective factors for child abuse and neglect


No abstract available.

Full text


3. The prevalence of child abuse and neglect


No abstract available.

Full text

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 subsection 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/](http://www.insafehands.net.au/)

**Online child protection courses:**
[http://www.insafehands.net.au/courses](http://www.insafehands.net.au/courses)

**In service training courses:**

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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

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

UK

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

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

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

Chadwick Center for Child and Families

USA

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

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

2012 conference proceedings:
http://www.sandiegoconference.org/

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

USA

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

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

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

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


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.
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/

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

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:

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

The projects and publications included in the Register were identified through a literature search and through details provided by researchers working in the field.

Website:

International

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

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.

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:
https://www.mdconsult.com/loginlookup/345178969-4?type=med

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:**

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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/N80002Staff/OPAC/index.asp

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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/

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

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

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

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

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

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

**April 2013**

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<th>Date</th>
<th>Type</th>
<th>Event</th>
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<tbody>
<tr>
<td>7-10</td>
<td>Conference</td>
<td>12th National Rural Health Conference</td>
<td>Adelaide SA</td>
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<tr>
<td>11-12</td>
<td>Conference</td>
<td>Child aware approaches conference: making child wellbeing and safety your responsibility</td>
<td>Melbourne VIC</td>
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<tr>
<td>14-17</td>
<td>Conference</td>
<td>Annual congress of the Perinatal Society of Australia and New Zealand (PSANZ)</td>
<td>Adelaide SA</td>
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<tr>
<td>14-17</td>
<td>Conference</td>
<td>Child Welfare League of America - National Conference</td>
<td>Washington DC USA</td>
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<td>17-18</td>
<td>Conference</td>
<td>SA Youth workers conference</td>
<td>Adelaide SA</td>
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<td>18-20</td>
<td>Conference</td>
<td>Society for Research in Child Development</td>
<td>Seattle USA</td>
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<tr>
<td>28-30</td>
<td>Conference</td>
<td>National Conference on eliminating all forms of violence against CALD women</td>
<td>Canberra ACT</td>
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<tr>
<td>30</td>
<td>Webinar</td>
<td>Collaborative care for complex trauma presentations</td>
<td>Online Free</td>
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<tr>
<td>29 – 1 May</td>
<td>Conference</td>
<td>Youth, technology and virtual communities conference (hosted by QPS)</td>
<td>Gold Coast QLD</td>
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**May 2013**

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<td>7-10</td>
<td>Conference</td>
<td>Women’s health conference</td>
<td>Sydney NSW</td>
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<td>9-11</td>
<td>Conference</td>
<td>Australian Association of Maternal, Child and Family Health Nurses Conference</td>
<td>Canberra ACT</td>
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<td>13-15</td>
<td>Conference</td>
<td>White Ribbon International Conference</td>
<td>Sydney NSW</td>
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<td>15-18</td>
<td>Conference</td>
<td>World Congress of Families</td>
<td>Sydney NSW</td>
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<td>20-22</td>
<td>Conference</td>
<td>Australasian Youth Justice Conference</td>
<td>Canberra ACT</td>
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<td>29-31</td>
<td>Conference</td>
<td>International Society for Child Indicators</td>
<td>Seoul KOREA</td>
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<tr>
<td>30-31</td>
<td>Conference</td>
<td>Addressing filicide</td>
<td>Tuscany ITALY</td>
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References


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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.