The Queensland Child Protection Information Network Newsletter

April 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).

Laura.koopmans2@mater.org.au
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DATE | 13 -14 JUNE 2013
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TIME | Thursday 08:30 – 17:00
     | Friday 09:00 – 13:00
COST | FREE for all registered delegates*
LOCATION | NOVOTEL HOTEL 200, Creek Street Brisbane 4000 QLD
          | Delegates receive a 15% accommodation discount on the best available room price. Please quote block number 141 202 during your booking.
DINNER | Delegates are invited to join the delegates’ dinner on Thursday evening from 18:30 *
RSVP | 31 May
CONTACT | Laura Koopmans 📞 (07) 3163 2359
REGISTRATION | laura.koopmans2@mater.org.au

Program

While a final program is currently being finalised, some of the topics will include:

- Planning the State-wide Child Protection Clinical Partnership – Dr Jan Connors
- Therapeutic treatment programs – ACT for Kids
- Unravelling complexities in induced illness – Dr Maree Crawford
- Abdominal trauma: A radiological perspective – Dr Gillian Long
- Court challenges in child sexual abuse – TBA
- Forensic investigations in child sexual abuse – Dr Ryan Mills and Dr Luke Ryan
- The Goudge inquiry: translating recommendations to forensic paediatric practices of paediatricians – Dr Catherine Skellern
- Youth Mental Health: Headspace Foundation – Suzie Lewis

A final workshop program will be distributed in the next couple of weeks.

* All venue, catering and facilitation costs of the workshop will be met by the Partnership. Travel and accommodation related costs, as well as the delegates’ dinner will not be funded by the Partnership.
Research Update

Abusive Head Trauma

1. Descriptive factors of abusive head trauma in young children—United States, 2000-2009

OBJECTIVES: Abusive head trauma (AHT) is a leading cause of severe injury in maltreated children in the United States. There is little research from nationally representative datasets available to characterize young children who had AHT compared to non-abusive head trauma (NAHT).

METHODS: Using the recent CDC AHT case definition, we performed a retrospective analysis of 2000, 2003, 2006 and 2009 hospitalization data using the Kids' Inpatient Database (KID) from the Healthcare Cost and Utilization Project. Logistic regression was used to compare AHT to NAHT patients <2 years of age. Socio-demographic data and indicators of socioeconomic status (i.e., insurance status and household income), presence of chronic conditions, injury severity (i.e., length of hospital stay and vital status), hospital specialization (i.e., hospital type), hospital region, and season of admission were used as independent variables.

RESULTS: A weighted sample of 7,603 AHT and 25,339 NAHT patients was identified. National rates for AHT were 39.8 per 100,000 population for children <1 year and 6.8 per 100,000 population for children 1 year old. Compared to NAHT, children with AHT were more often <1 year of age (adjusted odds ratio [aOR]=2.66; 95% confidence interval [CI]: 2.35-3.01), male (aOR=1.10; 95% CI: 1.01-1.20), enrolled in Medicaid (aOR=2.78; 95% CI: 2.49-3.11), hospitalized longer (aOR=8.26; 95% CI: 7.24-9.43), died during hospitalization (aOR=5.12; 95% CI: 4.01-6.53), and seen at children's hospitals (aOR=1.97; 95% CI: 1.63-2.38) and hospitals outside the Northeast (aOR=2.65 [95% CI: 2.10-3.33]) for the Midwest, 1.90 (95% CI: 1.52-2.38) for the South and 1.93 (95% CI: 1.45-2.57) for the West, respectively.

CONCLUSION: The results confirm that injuries from AHT are more severe and more often lethal than other head injuries. Socioeconomically disadvantaged families with children <1 year are an important focus for primary prevention. The associations of AHT, compared to NAHT with hospital type and hospital region warrant further investigation. Referral or reporting patterns, or true differences in the incidence may contribute to the identified associations.


2. Newborn retinal hemorrhages: a systematic review
OBJECTIVES: To systematically review the characteristics, prevalence, evolution, and obstetric associations of retinal haemorrhages (RH) in newborns.

METHODS: A systematic review, searching 10 databases (1970-2011), identified 45 studies, which underwent two independent reviews via the use of standardized critical appraisal. Studies meeting the following criteria were included: examination by an ophthalmologist, use indirect ophthalmoscopy, and first examination conducted within 96 hours of birth and before hospital discharge.

RESULTS: Thirteen studies were included, representing 1,777 infants. The studies revealed that 25.6% of newborns born via spontaneous vaginal deliveries had RH. In contrast, infants delivered by vacuum extraction had a 42.6% rate of RH (OR, 2.75; 95% CI, 1.32-5.70), and infants delivered by double-instrument deliveries (forceps and vacuum) had a 52% rate of RH (OR, 3.27; 95% CI, 1.68-6.36). The haemorrhages are commonly bilateral (59%), of varying severity, from "mild" (22%-56%) to "severe" (18%-37%), and predominantly intraretinal and in the posterior pole. The majority of RH (83%) resolved within 10 days; isolated cases persisted to 58 days.

CONCLUSION: Birth-related RH in infants occurs in one-quarter of normal deliveries and are far more common after instrumental deliveries. Commonly bilateral, they were predominantly intraretinal, posterior, resolved rapidly, and very rarely persisted beyond 6 weeks.


3. Susceptibility weighted imaging depicts retinal hemorrhages in abusive head trauma


OBJECTIVES: This study aims to evaluate the capability of magnetic resonance imaging (MRI) susceptibility weighted images (SWI) in depicting retinal haemorrhages (RH) in abusive head trauma (AHT) compared to the gold standard dilated fundus exam (DFE).

METHODS: This is a retrospective, single institution, observational study on 28 patients with suspected AHT, who had a DFE and also underwent brain MRI-SWI as part of routine diagnostic protocol. Main outcome measures involved evaluation of patients to determine whether the RH could be identified on standard and high-resolution SWI sequences.

RESULTS: Of the 21 subjects with RH on DFE, 13 (62 %) were identified by using a standard SWI sequence performed as part of brain MRI protocols. Of the 15 patients who also underwent an orbits SWI protocol, 12 (80 %) were positive for RH. None of the seven patients without RH on of DFE had RH on either standard or high-resolution SWI. Compared with DFE, the MRI standard
protocol showed a sensitivity of 75% which increased to 83% for the orbits SWI protocol.

CONCLUSION: Our study suggests the usefulness of a tailored high-resolution orbits protocol to detect RH in AHT.


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Child physical abuse

1. Evaluation for bleeding disorders in suspected child abuse

SUMMARY: Bruising or bleeding in a child can raise the concern for child abuse. Assessing whether the findings are the result of trauma and/or whether the child has a bleeding disorder is critical. Many bleeding disorders are rare, and not every child with bruising/bleeding concerning for abuse requires an evaluation for bleeding disorders. In some instances, however, bleeding disorders can present in a manner similar to child abuse. The history and clinical evaluation can be used to determine the necessity of an evaluation for a possible bleeding disorder, and prevalence and known clinical presentations of individual bleeding disorders can be used to guide the extent of the laboratory testing. This clinical report provides guidance to paediatricians and other clinicians regarding the evaluation for bleeding disorders when child abuse is suspected.

Full text:
http://pediatrics.aappublications.org/content/131/4/e1314.full.pdf+html

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2. Evaluating for suspected child abuse: conditions that predispose to bleeding

SUMMARY: Child abuse might be suspected when children present with cutaneous bruising, intracranial haemorrhage, or other manifestations of bleeding. In these cases, it is necessary to consider medical conditions that predispose to easy bleeding/bruising. When evaluating for the possibility of bleeding disorders and other conditions that predispose to haemorrhage, the paediatrician must consider the child's presenting history, medical history, and physical examination findings before initiating a laboratory investigation. Many medical conditions can predispose to easy bleeding. Before ordering laboratory tests for a disease, it is useful to understand the biochemical basis and clinical presentation of the disorder, condition prevalence, and test characteristics. This technical report reviews the major medical conditions that predispose to bruising/bleeding and should be considered when evaluating for abusive injury.
3. Pediatric cutaneous bleach burns
Lang, C. and M. Cox Child Abuse Negl Ahead of print [Epub 03/04/2013].

BACKGROUND: Bleach is a common household product which can cause caustic injuries. Its effects on mucosal tissues and the eye have been well-described in the literature. However, there is little information published regarding the appearance and effect of bleach on a child’s skin. We report three children who sustained chemical burns after contact with bleach.

RESULTS: All three children sustained accidental bleach burns while at home, and each child had a distinct brown discoloration to the skin from the injury. All three children had treatment and follow-up for their burns. Two of the children sustained more severe burns, which were extensive and required more time to heal. There was also long-term scarring associated with the severe burns. Like most burns, pain control is required until the injury heals.


4. Predictors of screening and injury in contacts of physically abused children

OBJECTIVES: To determine rates of screening in contacts of children evaluated for physical abuse, and the relationship of clinical characteristics to screening recommendation and completion and injury identification.

METHODS: This is a planned secondary analysis of a prospective study of 1918 contacts of 1196 children referred for subspecialty abuse consultation in 20 US centers. We used multivariable logistic models to determine the relationship of index child characteristics, contact child characteristics, and shared characteristics to screening and injury identification.

RESULTS: We identified injuries or disclosures of abuse in 180 (9.4%) contacts. Recommended screening was omitted in >20% of subjects for each screening modality. At least 1 screening test was more likely to be completed in contacts of index children of non-White race or Hispanic ethnicity (OR 1.45, 95% CI 1.13-1.87), with abuse-specific injuries (OR 2.15, 95% CI 1.63-2.83), with a confession (OR 2.18, 95% CI 1.17-4.07), when the history changed (OR 1.65, 95% CI 1.05-2.61), when an occult injury was found by imaging in the index child (OR 1.84, 95% CI 1.39-2.43), and when families lacked private insurance (OR 1.63, 95% CI 1.15-2.31).

CONCLUSION: Completion of screening recommended for contacts of potentially abused children is relatively poor, despite high risk of injury. Several clinical and demographic factors were associated with increased contact screening.

5. Fractures in children: epidemiology and activity-specific fracture rates

BACKGROUND: Approximately one-third of paediatric fractures occur during sport or recreational activity. In this paper, we investigate the incidence and causes of paediatric fractures in our region and quantify the fracture rate per exposure time for the most common sport and recreational activities.

METHODS: We prospectively evaluated all children younger than sixteen years who presented to our institution with a new fracture within a twelve-month period. Exposure time to the most common childhood activities was measured by means of interviewing random parents from the study population. The main outcome measures were the annual fracture incidence in the population and fracture rates per 10,000 hours of exposure to various sports and recreational activities.

RESULTS: A total of 1403 fractures were included. The overall annual incidence was 180.1 fractures per 10,000 children younger than sixteen years. The distal part of the radius was most often fractured (436 fractures, 31.1%). Snowboarding was associated with the highest activity-specific fracture rate, estimated to be 1.9 (95% confidence interval [CI], 1.16 to 2.60) fractures per 10,000 hours of exposure. In comparison, the fracture rate per 10,000 hours of exposure was 0.79 (CI, 0.42 to 1.09) for handball, 0.44 (CI, 0.35 to 0.52) for soccer, and 0.35 (CI, 0.23 to 0.47) for trampolining.

CONCLUSIONS: The distal part of the radius is the most common fracture site in childhood. Fracture rates differ between various physical activities. The fracture rate for snowboarding was four times higher compared with that for other common childhood sport and recreational activities in our region.

CLINICAL RELEVANCE: This descriptive epidemiology study has identified high-risk activities for paediatric fractures.


6. Injuries leading to hospitalisation in the first year of life: analysis by trimester of age using coded data and textual description

OBJECTIVES: To describe unintentional injuries to children aged less than one year, using coded and textual information, in three-month age bands to reflect their development over the year.

METHODS: Data from the Queensland Injury Surveillance Unit was used. The Unit collects demographic, clinical and circumstantial details about injured persons presenting to selected emergency departments across the State. Only injuries coded as unintentional in
children admitted to hospital were included for this analysis.

RESULTS: After editing, 1,082 children remained for analysis, 24 with transport-related injuries. Falls were the most common injury, but becoming proportionately less over the year, whereas burns and scalds and foreign body injuries increased. The proportion of injuries due to contact with persons or objects varied little, but poisonings were relatively more common in the first and fourth three-month periods. Descriptions indicated that family members were somehow causally involved in 16% of injuries. Our findings are in qualitative agreement with comparable previous studies.

CONCLUSION: The pattern of injuries varies over the first year of life and is clearly linked to the child’s increasing mobility. Implications: Injury patterns in the first year of life should be reported over shorter intervals. Preventive measures for young children need to be designed with their rapidly changing developmental stage in mind, using a variety of strategies, one of which could be opportunistic developmentally specific education of parents.


7. Cultural-geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence


SUMMARY: Our comprehensive meta-analysis combined prevalence figures of child physical abuse reported in 111 studies, including 168 independent samples with a total of 9,698,801 participants. The overall estimated prevalence was 3/1000 for studies using informants and 226/1000 for studies using self-report measures of child physical abuse, with no apparent gender differences. Methodological factors partly explained the vast variation of self-reported prevalence rates in individual studies. The highest prevalence rates were found for studies using a broad definition of child physical abuse, studies measuring physical abuse over the longest period of 0-18 years, studies using college samples, studies in which adults served as respondents, and studies using more questions on physical abuse. Cultural-geographical factors did not seem to affect prevalence rates of physical abuse, which may be partly due to procedural factors. More cross-cultural research on physical abuse is badly needed, especially in Africa and South America. We conclude that child physical abuse is a widespread, global phenomenon affecting the lives of millions of children all over the world, which is in sharp contrast with...
the United Nation's Convention on the Rights of the Child.


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Child sexual abuse

1. Risk factors in child sexual abuse


OBJECTIVES: To quantify the incidence of child sexual abuse allegations referred to a forensic examination centre; to identify possible risk factors predisposing children to sexual abuse by measuring their prevalence among the complainant population.

METHODS: The records of children involved in sexual abuse allegations presenting over a 12 month period were reviewed retrospectively. Demographic data such as nature of case, sex, ethnicity, number of previous allegations, assailant relationship, month of presentation, and age were compiled. Potential risk factors such as alcohol or drug use, being 'looked after', physical disability, learning disability, previous consensual sexual intercourse, past psychiatric history, and history of psychiatric support were compiled. Descriptive statistics were calculated.

RESULTS: 138 cases were recorded, of which the majority were acute. Epidemiological data demonstrated a higher incidence in females and most complainants were of White British origin. Most of the cases were of first allegations and the assailant relationship was most frequently an acquaintance. The incidence was highest in January. The modal age was 15 years and age distribution was positively skewed. Of the potential risk factors studied, alcohol and drug use was the most prevalent. Prevalence increased with age for the majority of factors studied.

CONCLUSION: Alcohol and drug use may be an area in which preventative strategies would be beneficial. Ethnic minorities may hold a large amount of unreported cases.


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2. Anal findings in children with and without probable anal penetration: a retrospective study of 1115 children referred for suspected sexual abuse


OBJECTIVES: Interpreting the significance of anal findings in child sexual abuse can be difficult. The aim of this study is to compare the frequency of anal features between children with and without anal penetration.

METHODS: This is a retrospective blinded review of consecutive charts of children seen for suspected sexual abuse at a regional referral centre from January 1, 2005 to December 31, 2009. Based on predetermined criteria, children were classified into two groups: low or high probability of anal penetration.

RESULTS: The charts of 1115 children were included, 84% girls and 16% boys with an age
range from 0.17 to 18.83 years (mean 9.20 year). 198 children (17.8%) were classified as belonging to the anal penetration group. Bivariate analysis showed a significant positive association between the following features and anal penetration: Anal soiling (p=0.046), fissure (p=0.000), laceration (p=0.000) and total anal dilatation (p=0.000). Logistic regression analysis and stratification analysis confirmed a positive association of soiling, anal lacerations and anal fissures with anal penetration. Total anal dilatation was significantly correlated with a history of anal penetration in girls, in children examined in the prone knee chest position and in children without anal symptoms.

CONCLUSION: Several variables were found to be significantly associated with anal penetration, including the controversial finding of total anal dilatation. Due to limitations in the study design, this finding should still be interpreted with caution in the absence of a clear disclosure from the child.


**Emotional abuse & neglect**

1. Reasons for not vaccinating adolescents: national immunization survey of teens, 2008-2010

_Darden, P. M., D. M. Thompson, et al._

_Pediatrics_ Ahead of print [Epub 20/03/2013].

OBJECTIVES: To determine the reasons adolescents are not vaccinated for specific

vaccines and how these reasons have changed over time.

METHODS: We analysed the 2008-2010 National Immunization Survey of Teens examining reasons parents do not have their teens immunized. Parents whose teens were not up to date (Not-UTD) for Tdap/Td and MCV4 were asked the main reason they were not vaccinated. Parents of female teens Not-UTD for human papillomavirus vaccine (HPV) were asked their intent to give HPV, and those unlikely to get HPV were asked the main reason why not.

RESULTS: The most frequent reasons for not vaccinating were the same for Tdap/Td and MCV4, including "Not recommended" and "Not needed or not necessary." For HPV, the most frequent reasons included those for the other vaccines as well as 4 others, including "Not sexually active" and "Safety concerns/Side effects." "Safety concerns/Side effects" increased from 4.5% in 2008 to 7.7% in 2009 to 16.4% in 2010 and, in 2010, approaching the most common reason "Not Needed or Not Necessary" at 17.4% (95% CI: 15.7-19.1). Although parents report that health care professionals increasingly recommend all vaccines, including HPV, the intent to not vaccinate for HPV increased from 39.8% in 2008 to 43.9% in 2010 (OR for trend 1.08, 95% CI: 1.04-1.13).

CONCLUSION: Despite doctors increasingly recommending adolescent vaccines, parents increasingly intend not to vaccinate female
teens with HPV. The concern about safety of HPV grew with each year. Addressing specific and growing parental concerns about HPV will require different considerations than those for the other vaccines.


2. Neglect in children


OBJECTIVES: Learn how to manage the complexities of defining neglect in children (1); Examine the multiple contributors to neglect (2) and; Understand principles for effectively intervening in a child neglect situation (3).

RESULTS: Child neglect is by far the most common form of child maltreatment. Approximately two-thirds of reports to child protective services involve neglect. Per a community survey in 2006, the frequency of neglect is 30.6 per 1,000 children, with lower rates of 6.5, 2.4, and 4.1 for physical, sexual, and emotional abuse, respectively.


Prevention and interventions

1. Childhood maltreatment and response to cognitive behavioral therapy among individuals with social anxiety disorder

Bruce, L. C., R. G. Heimberg, et al. Depress Anxiety Ahead of print [Epub 05/04/2013].

BACKGROUND: The association between childhood maltreatment - particularly emotional maltreatment-and social anxiety disorder (SAD) has been established by research. Only recently have researchers begun to look at the impact of childhood maltreatment on treatment outcomes, and findings have been mixed. Because prior studies have focused on pharmacotherapy outcomes, or used global measures of childhood adversity or abuse, it is not clear how specific types of maltreatment impact outcomes in cognitive-behavioural therapy (CBT) for SAD. The current study reports on how specific types of childhood maltreatment such as physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect impact response to CBT in adults with SAD.

METHODS: Sixty-eight individuals with a primary diagnosis of SAD completed the childhood trauma questionnaire, along with measures of social anxiety, disability, and life satisfaction.

RESULTS: Childhood maltreatment did not affect the rate of response to CBT, but there is evidence for its negative impact. Patients with histories of emotional abuse and emotional neglect reported greater social anxiety, less satisfaction, and greater disability over the course of treatment. Sexual abuse also predicted greater social anxiety.

CONCLUSIONS: Childhood abuse and/or neglect did not result in differential rates of
improvement during CBT; however, those reporting histories of emotional and sexual forms of maltreatment evidenced greater symptoms and/or impairment at pre- and post-treatment. Additional attention to the role of traumatic experiences within CBT for SAD may be warranted.


2. A comparative effectiveness review of parenting and trauma-focused interventions for children exposed to maltreatment


OBJECTIVES: To systematically review the comparative effectiveness evidence for interventions to ameliorate the negative sequelae of maltreatment exposure in children ages birth to 14 years.

METHODS: We assessed the research on pharmacological and psychosocial interventions (parent-mediated approaches or trauma-focused treatments) reporting mental and behavioural health, caregiver-child relationship, and developmental and/or school functioning outcomes. We conducted focused searches of MEDLINE (through PubMed), Social Sciences Citation Index, PsycINFO, and the Cochrane Library (1990-2012). Reviewer pairs independently evaluated the studies for eligibility using predetermined inclusion/exclusion criteria, evaluated studies for risk of bias, extracted data, and graded the strength of evidence (SOE) for each comparison and each outcome based on predetermined criteria.

RESULTS: Based on our review of 6282 unduplicated citations, we found 17 trials eligible for inclusion. Although several interventions show promising comparative benefit for child well-being outcomes, the SOE for all but one of these interventions was low. The results highlight numerous substantive and methodological gaps to address in the future research.

CONCLUSION: It is too early to make strong treatment recommendations, as comparative research remains relatively nascent in the child maltreatment arena. These gaps reflect, in large part, the Herculean demands on researchers involved in conducting high-quality clinical studies with this highly vulnerable population. The National Child Traumatic Stress Network and the Developmental-Behavioural Paediatrics Research Network (DBPNet) are two potentially powerful platforms to conduct large rigorous trials needed to move the field forward. More broadly, a paradigm shift among researchers and funders alike is needed to galvanize the commitment and resources necessary for conducting collaborative clinical trials with this highly vulnerable population.

3. Statewide dissemination of trauma-focused cognitive-behavioral therapy (TF-CBT)


SUMMARY: Despite evidence linking childhood trauma to subsequent social, emotional, psychological, and cognitive problems, many children who have experienced trauma do not receive mental health treatment that has been proven to be effective. Large-scale dissemination of evidence-based practices (EBPs) is one possible solution to enhance the current negative state of mental health treatment for these children. This article describes a dissemination effort of an EBP (i.e., Trauma-Focused Cognitive-Behavioural Therapy [TF-CBT]) for childhood symptoms of post-traumatic stress disorder throughout Arkansas. The effort targeted mental health professionals within child advocacy centers and community mental health centers across the state. The article describes the process of dissemination and implementation. Lessons learned and recommendations for future dissemination efforts are highlighted.


4. Parent-child interaction therapy: a manualized intervention for the therapeutic child welfare sector

Thomas, R. and A. D. Herschell Child Abuse Negl Ahead of print [Epub 09/04/2013].

SUMMARY: Children who have experienced maltreatment can often display behavioural difficulties; their parents may lack disciplinary knowledge, be less sensitive to their children, and engage in coercive parenting practices. Parent-child interaction therapy (PCIT) is a well-known, evidence-based treatment (EBT) for child behaviour problems and within the last decade has garnered significant evidence to suggest its utility for parents engaged in child maltreatment. This article uses a case example to describe PCIT treatment phases and PCIT research within the child maltreatment sector is synthesized with particular focus on treatment modifications. Successful augmentations and modifications include a motivation component, keeping therapeutic time shorter rather than longer, and whether to incorporate individual counseling and in-home PCIT are also considered. Practical strategies from both a therapeutic and research experience are discussed.

1. Medical students’ child oral-health-related knowledge, practices and attitudes


OBJECTIVES: This study evaluated medical interns’ oral health knowledge, and other factors influencing their ability and willingness to perform oral-health-related practices for high-caries-risk children.

METHODS: A 15-item survey was emailed to all eligible graduating fifth-year medical students at King Khalid University Hospital to address these areas of interest. Chi-square statistics and logistic regression models were used to analyse data.

RESULTS: One-hundred and twenty-one (49%) usable surveys were returned from two mailings. On questions regarding comfort levels when performing oral-health-related practices on children under age 3, physicians noted high levels of comfort with all specified oral health practices. Regarding satisfaction of students with medical training, the majority of respondents (87.5%) rated their medical training as fair or poor in preparing them for oral health assessments compared to only 35%, 29% and 7% of respondents giving fair or poor ratings to child abuse identification, caring for special needs patients and primary care paediatric practice, respectively. Additionally, although 90% of respondents noted that the role of primary physicians in counselling/ referring children with oral health was important, 60% did not agree with the AAPD and AAP guidelines that state that all children should be referred to a dentist by 12 months of age. Multivariate logistic regression analyses revealed several statistically significant variables that predict the likelihood of performing various oral-health-related practices. The choice of public-health-oriented future clinical goals, the level of oral health knowledge, how interns rated their oral health training in medical school and the average number of children seen per week, all – to varying degrees – proved important predicat variables for the likelihood of performing them once in practice.

CONCLUSION: More oral-health-related training of medical students seems warranted and could improve their interest in providing oral-health-related screening and referrals in practice. Increasing student exposure to child patients and increasing exposures to oral health knowledge and problems could be targeted towards students interested in primary care and public health to use resources most efficiently in the effort to combat the growing caries levels amongst young children in Saudi Arabia.

2. Lessons on child protection: a survey of newly qualified primary-level teachers in Ireland


BACKGROUND: Do all newly qualified primary-level teachers report the same experience of child protection practices in their schools? Drawing on findings from a recent Irish study, this paper will consider the operation of official child protection guidelines in schools based on the reported awareness and knowledge of a sample of newly qualified teachers. Their knowledge of child protection guidelines pertains to experience of induction into child protection practices upon taking up employment in the school and their awareness of a designated liaison person, school child protection policy and the procedures for reporting a suspected child protection issue within the school.

RESULTS: The findings of this research indicate that schools’ compliance with national guidelines on child protection is certainly inconsistent and such an ad hoc approach can be seen to impact on the perceived confidence levels of newly qualified teachers in dealing with child protection issues in the school. Given the crucial role teachers play in the safeguarding of children and the potential for strengthening this role, this paper argues for the standardisation of the operation of child protection procedures across all schools and the provision of training for all school staff.


3. Safeguarding children and child protection education for UK trainee teachers in higher education


SUMMARY: Knowledge and expertise about safeguarding children and child protection are both essential skills for schoolteachers. Since 2004, specific learning about these topics has been included in the curricula for undergraduate and postgraduate trainee teachers. This article explores the development of child protection education and learning for trainee teachers at the University of the West of England, and reflects on some of our experiences, learning to date and student feedback. Child protection education is a feature of all undergraduate and postgraduate trainee teacher courses at this university. Our model differs from others as it is embedded in face-to-face learning which is led by four professionals from relevant disciplines: education, health, police and social work. Evaluations have been mostly positive, and it is intended that such reflections might be helpful to other higher education institutions, local authorities and schools in informing the development of their curricula.

1. Exposure to parental violence and outcomes of child psychosocial adjustment

SUMMARY: Prior research suggests that exposure to violence at home increases the likelihood of mental health problems in children. Studies have also shown that children exposed to violence are more prone to delinquent behaviour and regular alcohol use. This study examines the effects of witnessing and experiencing physical violence at home on the psychosocial adjustment of children. Children who both witnessed and personally experienced physical violence exhibited the highest levels of adjustment problems. However, having either one of these risk factors was also associated with negative outcomes. The data are based on the Finnish Child Victim Survey 2008 with a sample of 13,459 students aged 12-13 years and 15-16 years.


2. Childhood maltreatment is associated with a sex-dependent functional reorganization of a brain inhibitory control network

BACKGROUND: Childhood adversity represents a major risk factor for drug addiction and other mental disorders. However, the specific mechanisms by which childhood adversity impacts human brain organization to confer greater vulnerability for negative outcomes in adulthood is largely unknown. As an impaired process in drug addiction, inhibitory control of behaviour was investigated as a target of childhood maltreatment (abuse and neglect).

RESULTS: Forty adults without Axis-I psychiatric disorders (21 females) completed a Childhood Trauma Questionnaire (CTQ) and underwent functional MRI (fMRI) while performing a stop-signal task. A group independent component analysis identified a putative brain inhibitory control network. Graph theoretical analyses and structural equation modelling investigated the impact of childhood maltreatment on the functional organization of this neural processing network. Graph theory outcomes revealed sex differences in the relationship between network functional connectivity and inhibitory control which were dependent on the severity of childhood maltreatment exposure. A network effective connectivity analysis indicated that a maltreatment dose-related negative modulation of dorsal anterior cingulate (dACC) activity by the left inferior frontal cortex (IFC) predicted better response inhibition and lesser attention deficit hyperactivity disorder (ADHD) symptoms in
3. Munchausen syndrome and factitious disorder: the role of the laboratory in its detection and diagnosis


SUMMARY: The term Munchausen syndrome is used to describe the patient who chronically fabricates or induces illness with the sole intention of assuming the patient role. Such persons often have a close association with the medical profession and thus use their knowledge to falsify symptoms and laboratory specimens to mimic disease. Cases of factitious disease have appeared in the literature originating from all medical specialties, and include such rare disorders as phaeochromocytoma and Bartter’s syndrome. The laboratory can play a key role in the detection and diagnosis of factitious disorders. Indeed discrepant biochemistry results may provide the first clue to the diagnosis. Laboratory staff should be particularly aware of highly variable test results and extreme abnormalities that are not consistent with the wider biochemical profile, suggesting sample tampering. Factitious disorder should also be included in the clinician’s differential diagnosis when disease presentation is unusual or an underlying cause cannot be found. Investigation to exclude or confirm factitious disorder at an early stage can prevent unnecessary testing in the search for increasingly rare diseases. Appropriate analyses may include screening tests for the detection of surreptitious drug administration or replication of a fabricated sample to confirm the method used. In all cases close communication between the clinician and laboratory is essential. This will ensure that appropriate tests are conducted particularly with regard to time critical and repeat tests.

4. Combating child abuse: the role of a dentist


BACKGROUND: Child abuse has serious physical and psychosocial consequences which adversely affect the health and overall well-being of a child. However, in a
developing country like India there has been no knowledge of the extent, magnitude and trends of the problem.

OBJECTIVES: This study reviews the overall scenario of child abuse in India as well as the role of the dentist in recognising and thereby combating this problem.

RESULTS: Among health professionals, dentists are probably in the most favourable position to recognise child abuse, with opportunities to observe and assess not only the physical and the psychological condition of the children, but also the family environment. The high frequency of facial injuries associated with physical abuse places the dentist at the forefront of professionals to detect and treat an abused child. Screening for maltreatment should be an integral part of any clinical examination performed on a child. Although many injuries are not caused by abuse, dentists should always be suspicious of traumatic injuries. The dental professional's role in child abuse and neglect is to know the current state law regarding reporting child abuse and to follow the law. Awareness, identification, documentation and notification should be carried out by the dentist.

CONCLUSION: Paediatric dentists can provide valuable information and assistance to physicians about oral and dental aspects of child abuse and neglect. Such efforts will strengthen the ability to prevent and detect child abuse and neglect and enhance care and protection for the children.


Reviews / Guidelines

1. Child maltreatment as a global phenomenon: from trauma to prevention

SUMMARY: Past studies have clearly showed the negative impact of neglect and abuse on child development at both the psychological and neurobiological levels. To date, many studies have focused on identifying risk and protective factors occurring at all levels of the ecology. However, more distal-level variables, such as culture and ethnicity, have not been studied as much as those of more proximal levels; yet studies in Western countries have consistently found an overrepresentation of child maltreatment reports among ethnic minority groups. In this commentary, we reflect on a series of articles examining maltreatment from an crosscultural perspective and using samples of diverse countries. Taken together, studies in this special section document the terrible fact that maltreatment is a global phenomenon. Through a summary of these studies’ main findings and concerns, we highlight four key points that we believe are important to consider for future research and intervention efforts.

2. The relation between child maltreatment and adolescent suicidal behavior: a systematic review and critical examination of the literature


SUMMARY: A large body of research suggests that child maltreatment (CM) is associated with adolescent suicidal ideation and attempts. These studies, however, have not been critically examined and summarized in a manner that allows us to draw firm conclusions and make recommendations for future research and clinical work in this area. In this review, we evaluated all of the research literature to date examining the relationship between CM and adolescent suicidal ideation and attempts. Results generally suggest that childhood sexual abuse, physical abuse, emotional abuse, and neglect are associated with adolescent suicidal ideation and attempts across community, clinical, and high-risk samples, using cross-sectional and longitudinal research designs. In most studies, these associations remain significant when controlling for covariates such as youth demographics, mental health, family, and peer-related variables. When different forms of CM are examined in the same multivariate analysis, most research suggests that each form of CM maintains an independent association with adolescent suicidal ideation and suicide attempts. However, a subset of studies yielded evidence to suggest that sexual abuse and emotional abuse may be relatively more important in explaining suicidal behavior than physical abuse or neglect. Research also suggests an additive effect—each form of CM contributes unique variance to adolescent suicide attempts. We discuss the current limitations of this literature and offer recommendations for future research. We conclude with an overview of the clinical implications of this research, including careful, detailed screening of CM history, past suicidal behavior, and current suicidal ideation, as well as the need for integrated treatment approaches that effectively address both CM and adolescent suicidal ideation and suicide attempts.


3. A review of munchausen syndrome by proxy


OBJECTIVES: 1) Define Munchausen syndrome by proxy (MSP) and provide a more specific classification scheme that accurately reflects the spectrum of this disorder. 2) Determine the clinical characteristics of the specific subtypes of MSP. 3) Clarify the role played by the medical provider in MSP and challenges posed by our modern health care delivery system.

SUMMARY: Munchausen syndrome by proxy was described 35 years ago, and yet it
remains a complicated, controversial, and confusing condition. The term was initially limited to circumstances in which a caregiver surreptitiously injured the child or the child’s symptoms were fabricated, both leading to unnecessary or potentially harmful medical care.

Professional development

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 of 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:

Australian Institute for Family Studies (AIFS) – Seminar series

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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.
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 organizes 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

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:

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:

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](http://www.nsvrc.org/) 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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**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.

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

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**Sexual abuse of Males - Jim Hopper**

**USA**

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

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

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**Welsh Child Protection Systematic Review Group**

**UK**

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

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

### May 2013

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<tbody>
<tr>
<td>13-15</td>
<td>Conference</td>
<td>White Ribbon International Conference</td>
<td>Sydney NSW</td>
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<tr>
<td>15</td>
<td>Conference</td>
<td>Family emotional and mental health conference: mental health care in the perinatal period</td>
<td>Churchill VIC</td>
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<tr>
<td>15-18</td>
<td>Conference</td>
<td>World Congress of Families</td>
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<td>20-22</td>
<td>Conference</td>
<td>Australasian Youth Justice Conference</td>
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<td>26-30</td>
<td>Conference</td>
<td>Royal Australian and New Zealand College of Psychiatrists Conference</td>
<td>Sydney NSW</td>
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<td>29-31</td>
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<td>31</td>
<td>Forum</td>
<td>Responding to historical child sexual abuse forum</td>
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### June 2013

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<td>31-1</td>
<td>Conference</td>
<td>Early childhood education conference</td>
<td>Caulfield Vic.</td>
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<td>Conference</td>
<td>SNAICC National Conference</td>
<td>Cairns QLD</td>
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<td>4-5</td>
<td>Conference</td>
<td>National Community Safety and Security Conference</td>
<td>Melbourne VIC</td>
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<td>Conference</td>
<td>Children, child maltreatment and intimate partner violence - research, policy and practice</td>
<td>Wellington NZ</td>
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<td>11-13</td>
<td>Conference</td>
<td>International Association for Adolescent Health 10th World Congress</td>
<td>Istanbul TURKEY</td>
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<td>13-14</td>
<td>WORKSHOP</td>
<td>CPA – CPLO JOINT WORKSHOP HOSTED BY THE STATE-WIDE CHILD PROTECTION CLINICAL PARTNERSHIP</td>
<td>Brisbane QLD</td>
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<td>17-19</td>
<td>Conference</td>
<td>Broadening restorative perspectives : an international conference</td>
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<td>17-19</td>
<td>Conference</td>
<td>Australian Health Promotion Conference</td>
<td>Sydney NSW</td>
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<td>23-27</td>
<td>Conference</td>
<td>International conference on social work in health and mental health</td>
<td>Los Angeles, US</td>
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<td>Conference</td>
<td>Young people, violence and alcohol conference</td>
<td>Pokolbin, NSW</td>
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<td>25-28</td>
<td>Conference</td>
<td>APSAC Annual colloquium</td>
<td>Las Vegas, US</td>
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<td>Conference</td>
<td>Indigenous Research Conference</td>
<td>Hamilton, NZ</td>
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References

6. Berlin LJ, Dodge KA, Reznick JS. Examining pregnant women’s hostile attributions about infants as a predictor of offspring maltreatment. JAMA pediatrics;Ahead of print [Epub 17/04/2013]:1-5.
7. Bruce LC, Heimberg RG, Goldin PR, Gross JJ. Childhood maltreatment and response to cognitive behavioral therapy among individuals with social anxiety disorder. Depression and anxiety;Ahead of print [Epub 05/04/2013].
8. Caldwell M. Accuracy of sexually violent person assessments of juveniles adjudicated for sexual offenses. Sexual abuse : a journal of research and treatment;Ahead of print [Epub 30/03/2013].
18. Dunn EC, McLaughlin KA, Slopen N, Rosand J, Smoller JW. Developmental timing of child maltreatment and symptoms of depression and suicidal ideation in young adulthood: results
from the national longitudinal study of adolescent health. Depression and anxiety; Ahead of print [Epub 18/04/2013].
35. McKee A, Egan V. A case series of twenty one maternal filicides in the UK. Child abuse & neglect; Ahead of print [Epub 03/04/2013].

37. Miller AB, Esposito-Smythers C, Weismoore JT, Renshaw KD. The relation between child maltreatment and adolescent suicidal behavior: a systematic review and critical examination of the literature. Clinical child and family psychology review;Ahead of print [Epub 10/04/2013].

38. Milner JS, Crouch JL. Assessment of maternal attributions of infant’s hostile intent and its use in child maltreatment prevention/ intervention efforts. JAMA pediatrics;Ahead of print [Epub 17/04/2013].


42. Ook S. Fatal child maltreatment associated with multiple births in Japan: nationwide data between July 2003 and March 2011. Environmental health and preventive medicine;Ahead of print [Epub 06/04/2013].


48. Sigel BA, Kramer TL, Conners-Burrow NA, Church JK, Worley KB, Mitrani NA. Statewide dissemination of trauma-focused cognitive-behavioral therapy (TF-CBT). Child Youth Serv Rev;Ahead of print [Epub 03/04/2013].


60. van Santen E. Factors associated with placement breakdown initiated by foster parents - empirical findings from Germany. Child Fam Soc Work;Ahead of print [Epub 19/04/2013].


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