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

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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- Adult Survivors of Child Abuse (ASCA)
- Caraniche Training and Research
- Centre for Community Child Health (CCCH)
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- Child Wise
- Compass Seminars Australia
- Education Centre Against Violence (ECAV) NSW Health
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News

June 2013

The final report prepared by the Queensland Child Protection Commission of Inquiry (QCPCI) “Taking responsibility: a road map for Queensland child protection” has now been published and can be accessed from the Commission website, via the link below:


Access the revised Child abuse and neglect education module and Capability self-assessment tool (interactive PDF) from the Child Safety Unit QHEPS site:

Research Update

Abusive Head Trauma

1. Serial neuroimaging in infants with abusive head trauma: timing abusive injuries


OBJECTIVES: The appearance and evolution of neuroimaging abnormalities following abusive head trauma (AHT) is important for establishing the time frame over which these injuries might have occurred. From a legal perspective this frames the timing of the abuse and therefore identifies and excludes potential perpetrators. A previous pilot study involving 33 infants with AHT helped to refine the timing of these injuries but was limited by its small sample size. In the present study, the authors analysed a larger group of 210 cases involving infants with AHT to chronicle the first appearance and evolution of radiological (CT, MRI) abnormalities.

METHODS: All children younger than 24 months admitted to the Penn State Hershey Medical Center with AHT over a 10-year period were identified from a medical record review; the time of injury was determined through an evaluation of the clinical records. All imaging studies were analysed, and the appearance and evolution of abnormalities were chronicled on serial neuroimaging studies obtained in the days and weeks after injury.

RESULTS: One hundred five infants with specific injury dates and available imaging studies were identified; a subset of 43 children additionally had documented times of injury. In infants with homogeneously hyperdense subdural hematomas (SDHs) on initial CT scans, the first hypodense component appeared within the SDH between 0.3 and 16 days after injury, and the last hyperdense subdural component disappeared between 2 and 40 days after injury. In infants with mixed-density SDHs on initial scans, the last hyperdense component disappeared between 1 and 181 days. Parenchymal hypodensities appeared on CT scans performed as early as 1.2 hours, and all were visible within 27 hours after the injury. Rebleeding into SDHs was documented in 17 cases (16%) and was always asymptomatic. Magnetic resonance imaging of the brain was performed in 49 infants. Among those with SDH, 5 patterns were observed. Patterns I and II reflected homogeneous SDH; Pattern I (T1 hyperintensity and T2/FLAIR hypointensity, "early subacute") more commonly appeared on scans performed earlier after injury compared with Pattern II (T1 hyperintensity and T2/FLAIR hyperintensity, "late subacute"), although there was considerable overlap. Patterns III and IV reflected heterogeneous SDH; Pattern III contained relatively equal mixtures having different intensities, whereas
Pattern IV had fluid that was predominantly T1 hypointense and T2/FLAIR hyperintense. Again, Pattern III more commonly appeared on scans performed earlier after injury compared with Pattern IV, although there was significant overlap.

CONCLUSION: These data extend the preliminary data reported by Dias and colleagues and provide a framework upon which injuries in AHT can be timed as well as the limitations on such timing estimates.


2. Confessed abusive blunt head trauma


SUMMARY: It is generally accepted that terms referring to specific craniocerebral injury mechanisms must be replaced by the more general term abusive head trauma (AHT). Although blunt impact trauma remains an essential part of AHT, it has received far less attention in the literature than shaken-impact injuries. The current article presents 19 confessed cases of a series of 47 highly suspected AHT cases. Of these, 13 were confessed shaken-impact cases, and the other 6 confessed blunt trauma cases. There were no significant differences in the appearance of subdural hematoma, which was present in each case. Retinal haemorrhage, which was present in 10 of the 13 shaken-impact cases in which an ophthalmologic examination was conducted, occurred in 2 of the 6 blunt trauma cases. In 1 case, retinal hemorrhage probably had of metabolic origin. Skull fractures with an overlying subgaleal hematoma and a subdural hematoma below the fracture side were found in 5 of the blunt trauma cases but was also seen in the 2 shaken-impact cases with a skull fracture. The most important finding was a lucid interval (LI) in 3 blunt AHT cases. An LI does not seem to occur in shaking injuries because of the immediate and persistent effect of brain damage that such injuries involve. Therefore, LI makes it important to conduct a detailed investigation of the clinical course in time in suspected AHT cases.


Child physical abuse

1. Differentiating abusive from accidental fractures

No Abstract available.


OBJECTIVES: To examine trends in incidence of hospitalizations for injury from abuse in young children from 1997 through 2009 and to examine injury severity trends.

METHODS: Cases were identified in the National Inpatient Sample database of the Healthcare Cost and Utilization Project by
using International Classification of Diseases, Ninth Revision, Clinical Modification codes for child maltreatment and external cause of injury for assault in children aged 0 through 3 years. Incidence was calculated by age, gender, and region. Trends in incidence of hospitalization and injury severity were calculated over time.

RESULTS: Hospitalization rates for injury from abuse showed no significant change over the study period, ranging from a low of 2.10 per 10 000 children in 1998 to a high of 3.01 per 10 000 children in 2005 (P = .755). Children aged <1 had significantly higher hospitalization rates for injury from abuse (6.01 vs 1.12, P <.001) and higher mean injury severity scores compared with children aged 1 to 3 years (12.50, SD = 0.14 vs 8.56, SD = 0.21, P <.001). Injury severity scores increased significantly over the study period.

CONCLUSIONS: No significant change in hospitalization rates for injury from abuse among young children was observed from 1997 to 2009. These results coincide with other reports of stable or modestly increasing rates of serious physical abuse or death in young children but not with reports from child welfare data showing declines in physical abuse during the same period. Diverse sources of data may provide important complementary methods to track child abuse.

3. Contact, cigarette and flame burns in physical abuse: a systematic review

OBJECTIVES: This systematic review identifies features of intentional non-scald burns in physical abuse.

METHODS: Fifteen bibliographic databases of international literature (1950–2011) were searched to identify potential studies that were critically appraised using standardised methods.

RESULTS: Primary studies with confirmed intentional non-scald burns in children aged <18 years were included to provide a descriptive analysis of the causation, appearance and distribution of burns. Twenty studies were included: one cross-sectional, one case control and 18 case studies/small case series representing 73 children with intentional non-scald burns. The majority were contact burns from household items: the agents included cigarettes (18), irons (9), electric fires/heaters/radiators (10), cigarette lighters (2), hairdryers (7), curling tongs (3), chemicals (3), microwaves (2) flame burns (7), miscellaneous (7) and burns of unknown cause (5). The burns occurred throughout childhood. The majority of children were older than three years. The characteristic features were of clearly demarcated contact burns or scars in shapes that mirrored the agent. They were predominantly recorded on the limbs, trunks and the backs of hands; they were
frequently multiple and co-existed with additional signs of abuse.

CONCLUSIONS: These features should raise concerns of suspected physical abuse.


4. Childhood death attributable to trauma: is there a difference between accidental and abusive fatal injuries?


BACKGROUND: Trauma is a leading cause of death among children worldwide. Detailed knowledge of the epidemiology of childhood fatal injuries is necessary for preventing injuries.

OBJECTIVE: To determine clinical differences between children who were treated in an emergency department for accidental or abusive injuries.

METHODS: A retrospective review of all deceased patients who were treated in two urban paediatric emergency departments between 1998 and 2010 was performed. Patients were categorized into two groups, accidental and abusive, for comparison.

RESULTS: A total of 1498 patients died during the study period, with 124 deaths being attributable to injury for a rate of 9.5 injury-related deaths per year. Most fatal injuries were accidental. Children with abusive fatal injuries were younger and more likely to have been seen for an injury in a clinic or emergency department within 2 months of their death. Eighty-two percent of abusive fatal injuries had documented subdural hematomas, whereas only 7.2% of accidental fatal injuries had a subdural hematoma documented. Nearly 50% of abusive fatal injuries had retinal haemorrhages reported, although no child with an accidental fatal injury had this type of injury documented.

CONCLUSION: Younger children, especially those previously seen in an emergency department or clinic for injury, are more likely to sustain an abusive fatal injury. Sentinel physical findings associated with abusive fatal injuries include subdural hematomas and retinal haemorrhages, and the presence of these findings should prompt an investigation into the circumstances of injury.


Child sexual abuse

1. Post-traumatic stress disorder and quality of life in sexually abused Australian children


SUMMARY: The study used publicly available data on post-traumatic stress disorder in a sample of the Australian population with a history of sexual abuse to demonstrate how this evidence can inform economic analyses. The 2007 Australian Mental Health Survey revealed that 8.3% of 993 adolescents experienced childhood sexual abuse, of which 40.2% were diagnosed with post-traumatic
stress disorder. Post-traumatic stress disorder diagnosis corresponded to a significant loss of quality of life. Survival analysis was used to estimate the lifetime persistence of post-traumatic stress disorder symptoms. The average time between post-traumatic stress disorder onset and remission was 11.4 years. Results suggest that successful treatment of post-traumatic stress disorder will save 2.05 quality adjusted life years per child or adolescent with post-traumatic stress disorder.


2. Child sexual abuse in China: A meta-analysis of 27 studies


OBJECTIVES: To examine whether Chinese studies of child sexual abuse (CSA) in the general population show lower prevalence rates than other international studies, and whether certain features of these studies may help to account for variation in estimates.

METHODS: A meta-analysis and meta-regression were conducted on 27 studies found in the English and Chinese language peer reviewed journals that involved general populations of students or residents, estimated CSA prior to age 18, and specified rates for males or females individually.

RESULTS: Estimates for Chinese females were lower than the international composites. For total CSA for females, the Chinese pooled estimate was 15.3% (95% CI=12.6-18.0) based on the meta-analysis of 24 studies, lower than the international estimate (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011) but not significantly. For contact CSA for females, the pooled estimate was 9.5% (95% CI=7.5-11.5), based on 16 studies, significantly lower than the international prevalence. For penetrative CSA for females, the pooled estimate was 1% (95% CI=0.7-1.3), based on 15 studies, significantly lower than the international estimate of 15.1%. Chinese men reported significantly less penetrative CSA but significantly more total CSA than international estimates; while contact CSA reported by Chinese and international males appeared to be roughly equivalent. Chinese CSA prevalence estimates were lower in studies from urban areas and non-mainland areas (Hong Kong and Taiwan), and in surveys with larger and probability samples, multiple sites, face-to-face interview method and when using less widely used instruments.

CONCLUSIONS: The findings to date justify further research into possible cultural and sociological reasons for lower risk of contact and penetrative sexual abuse of girls and less penetrative abuse of boys in China. Future research should examine sociological explanations, including patterns of supervision, sexual socialization and attitudes related to male sexual prowess. PRACTICE IMPLICATIONS: The findings suggest that future general population studies in China should use well validated instruments, avoid
face-to-face interview formats and be careful to maintain methodological standards when sampling large populations over multiple sites.


3. Use of APTIMA Combo 2: the experience of a child advocacy center


SUMMARY: The Centers for Disease Control and Prevention recommends nucleic acid amplification testing for chlamydia and gonorrhoea in sexually abused girls. No studies describe performance of APTIMA Combo 2 Assay with second target confirmation on the same testing platform. This nucleic acid amplification testing is evaluated within a large child advocacy centre. Girls 3 to 18 years, 35% of whom reported consensual sexual activity, were prospectively tested by APTIMA Combo 2 on urine/vaginal swabs and by vaginal culture. A case of infection was defined as positive culture or positive urine or vaginal swab nucleic acid amplification testing with second target confirmation. Sensitivity of APTIMA Combo 2 on urine was found to be superior to vaginal culture and comparable to APTIMA Combo 2 on vaginal swabs for both infections. APTIMA Combo 2 on urine is less invasive, and its use may be preferred in this traumatized population.


4. Disclosure of child sexual abuse: delays, non-disclosure and partial disclosure. What the research tells us and implications for practice

McElvaney, R. Child Abuse Rev Ahead of print [Epub 26/06/2013].

SUMMARY: This paper reviews the research on disclosure of child sexual abuse with specific reference to delays in disclosing, non-disclosure and partial disclosure of experiences of child sexual abuse. Findings from large-scale national probability studies highlight the prevalence of both non-disclosure and delays in disclosure, while findings from small-scale qualitative studies portray the complexity, diversity and individuality of experiences. The possible explanations regarding why children are reluctant to disclose such experiences have significant implications for addressing the issue of child sexual abuse from the perspectives of child protection, legal and therapeutic professionals. The importance of understanding the dynamics of disclosure, in particular the needs of young people to maintain control over the disclosure process, the important role that peers play in this process, the responses of adults in both informal and formal networks, and the opportunities to tell, is key to helping young people speak more promptly about their experiences of sexual abuse.

1. Affective facial expression processing in 15-month-old infants who have experienced maltreatment: an event-related potential study

Curtis, W. J. and D. Cicchetti Child Maltreat. Ahead of print [Epub 07/05/2013].

SUMMARY: This study examined the neural correlates of facial affect processing in 15 month-old maltreated and non-maltreated infants. Event-related potentials (ERPs) were elicited while infants passively viewed standardized pictures of female models posing angry, happy, and neutral facial expressions. Differences between maltreated (N = 25) and non-maltreated (N = 20) infants were observed on three ERP components: P1, P260, and Nc. The results for the P260 waveform were consistent with previous ERP findings in older maltreated children, showing a hyperresponsivity to angry facial affect relative to happy in maltreated infants. However, the findings for the P1 and Nc indicated a hyperresponsivity to relative affective novelty, whereby the maltreated infants had greater amplitude in response to happy facial affect, whereas non-maltreated infants had greater responsivity to angry faces. The results provided further support for the hypothesis that the experience of maltreatment and the predominantly negative emotional tone in maltreating families alters the functioning of neural systems associated with the processing of facial emotion. In particular, the findings suggested that at this early stage in the development of facial affect recognition, novelty of facial emotion is especially salient. These results exemplify the importance of early preventive interventions focused on emotion for children who have experienced maltreatment early in life.


2. Understanding and working with adolescent neglect: perspectives from research, young people and professionals

Hicks, L. and M. Stein Child Fam Soc Work. Ahead of print [Epub 13/05/2013].

SUMMARY: This paper provides an overview of research about adolescent neglect funded by the Department of Children, Schools and Families (now the Department for Education) and the Department of Health. The paper examines what is known from literature about the causes of adolescent neglect, together with its potential consequences for well-being. Drawing on qualitative data, the concept of neglect is explored from the perspectives of young people themselves and the professionals who work with them. Consideration is given to examples of interventions and preventative models geared towards addressing adolescent neglect. Key findings indicate that there is a need for both a re-examination of current definitions of neglect in the light of age-related distinctions.
and perspectives, and a fuller understanding of the particular needs of adolescents who are experiencing neglect. Additionally, the research highlights that there is a lack of research knowledge about neglectful parenting and the behaviour of young people, as well as limited understanding of interventions with neglected adolescents. Key themes from the research are discussed in terms of their implications for future practice, policy and research in relation to working to improve the welfare of neglected young people.


Prevention and interventions

1. Community intervention to prevent child maltreatment in England: evaluating the contribution of the family nurse partnership

Browne, K. D. and V. Jackson J Public Health (Oxf). Ahead of print [Epub 01/05/2013].

BACKGROUND: The Government in England has recognized the importance of early intervention to promote positive child development and prevent maltreatment. In doing so, efforts have been made to increase the implementation of the Family Nurse Partnership (FNP) to target a greater number of families who require intensive secondary intervention.

METHODS: This paper presents an argument that the FNP can be targeted more effectively to yield a greater return on investment. This is based on the re-analysis of data collected by the largest cohort study carried out into risk factors for child maltreatment in England.

RESULTS: Currently, around 315 health visitors are estimated to be implementing this programme, projected to increase to around 585 health visitors in 2015. However, targeting the programme towards first-time, young vulnerable mothers with low socio-economic status means that around 1350 health visitors would be needed. Critically, targeting only this population is estimated to prevent only 10% of cases of child abuse and neglect.

CONCLUSIONS: By targeting risk factors which are less common in the general population but which are more prevalent amongst abusive families, fewer specialist health visitors would be needed to prevent a higher percentage of child maltreatment.


2. Taking a long view in child welfare: how can we evaluate intervention and child wellbeing over time?


SUMMARY: This paper synthesises ideas generated from an international knowledge exchange seminar series to explore the potential and pitfalls in utilising routine administrative data and survey data for longitudinal research about children involved in public child welfare services.
Methodological, technical and ethical issues are explored, including the challenges in capturing the nature, focus and intensity of intervention. It is suggested that assessing child wellbeing across a range of dimensions in the short, medium and long term may provide a better conceptual basis for research than defining specific outcomes.


3. Primary care interventions to prevent child maltreatment: U.S. preventive services task force recommendation statement

Moyer, V. A. Ann Intern Med Ahead of print [Epub 12/06/2013].

OBJECTIVES: Update of the child abuse and neglect portion of the 2004 U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for family and intimate partner violence.

METHODS: The USPSTF commissioned a systematic review on interventions to prevent child maltreatment for children at risk, focusing on new studies and evidence gaps that were unresolved at the time of the 2004 recommendation. Beneficial outcomes considered include reduced exposure to maltreatment and reduced harms to physical or mental health or mortality.

POPULATION: This recommendation applies to children in the general U.S. population from newborn to age 18 years who do not have signs or symptoms of maltreatment.

RECOMMENDATION: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment.

http://www.ncbi.nlm.nih.gov/pubmed/23752681

Child protection professionals

1. Children's commissioners and guardians


This resource sheet outlines the role and duties of child commissioners, and explains the differences between the various offices in each state and territory.

Access full text:

2. A new protocol for screening adults presenting with their own medical problems at the Emergency Department to identify children at high risk for maltreatment


OBJECTIVES: Identifying child abuse and neglect solely on the grounds of child characteristics leaves many children undetected. We developed a new approach (Hague protocol) based on characteristics of
parents who attend the Emergency Department (ED) because they have the following problems: (1) intimate partner violence, (2) substance abuse, or (3) suicide attempt or other serious psychiatric problems. The goal of this protocol is to enable the Reporting Center for Child Abuse and Neglect (RCCAN) to rapidly assess family problems and offer voluntary community based support to these parents. The aim of this study is to assess whether this protocol for screening adults presenting for care in the Emergency Department can identify children at high risk for maltreatment.

METHODS: A before and after study was conducted at 9 EDs in 3 regions in the Netherlands (one intervention region and 2 control regions).

RESULTS: During the period January 2006 to November 2007, prior to the introduction of The Hague protocol, from a total of 385,626 patients attending the ED in the intervention region 4 parents (1 per 100,000) were referred to the RCCAN. In the period after introduction of the protocol (December 2007 to December 2011), the number rose to 565 parents from a total of 885,301 patients attending the ED (64 per 100,000). In the control region, where the protocol was not implemented, these figures were 2 per 163,628 (1 per 100,000) and 10 per 371,616 (3 per 100,000) respectively (OR=28.0 (95 CI 4.6-170.7)). At assessment, child abuse was confirmed in 91% of referred cases. The protocol has a high positive predictive value of 91% and can substantially increase the detection rate of child abuse in an ED setting. Parental characteristics are strong predictors of child abuse.

CONCLUSIONS: Implementing guidelines to detect child abuse based on parental characteristics of parents attending the adult section of the ED can increase the detection rate of child abuse and neglect allowing appropriate aid to be initiated for these families.


3. Lessons from the courtroom: perspectives from child welfare attorneys and supervisors


SUMMARY: Despite a history of child welfare worker performance difficulty in the courtroom, there has been little documentation regarding specific training needs for worker courtroom practice skills. This study expands the literature on child welfare courtroom practice skills by documenting child welfare worker conduct via perspectives from courtroom attorneys and child welfare supervisors. Separate focus groups with child welfare attorneys and supervisors were held to ascertain best and concerning practices for child welfare workers in the courtroom. Focus group participants identified themes related to preparation, the
adversarial nature of court proceedings, testimony, reasonable efforts, appearance and mannerisms, esteem of workers, duality of worker roles, and support. Study results have implications for focusing and improving training and supervision.


4. Child maltreatment: screening and anticipatory guidance

SUMMARY: Child maltreatment is a problem of epidemic proportions in the United States. Given the numbers of children affected by child maltreatment and the dire consequences that can develop, prompt identification of child maltreatment is crucial. Despite support of the implementation and development of protocols for child maltreatment screening by professional organizations such as the National Association of Paediatric Nurse Practitioners and American Academy of Paediatrics, little is available in the literature regarding the screening practices of paediatric nurse practitioners and other paediatric health care providers. This Continuing Education article will help paediatric nurse practitioners incorporate this vital screening intervention into their practice. Practical examples of when and how to incorporate screening questions and anticipatory guidance for discipline practices, crying, intimate partner violence (domestic violence), physical abuse, and sexual abuse will be discussed.


Other


No Abstract available.


2. Fatal child maltreatment: characteristics of deaths from physical abuse versus neglect

SUMMARY: This study examined victim, family, and alleged perpetrator characteristics associated with fatal child maltreatment (FCM) in 685 cases identified by child welfare services in the state of Oklahoma over a 21-year period. Analyses also examined differences in child, family, and alleged perpetrator characteristics of deaths from abuse versus neglect. Case information was drawn from child welfare investigation records for all FCM cases identified by the state Department of Human Services. Fatal neglect accounted for the majority (51%) of deaths. Children were primarily younger than
age 5, and parents were most frequently the alleged perpetrators. Moreover, most victims had not been the subject of a child welfare report prior to their death. A greater number of children in the home and previous family involvement with child welfare increased children’s likelihood of dying from neglect, rather than physical abuse. In addition, alleged perpetrators of neglect were more likely to be female and biologically related to the victim. These results indicate that there are unique family risk factors for death from neglect (versus physical abuse) that may be important to consider when selecting or developing prevention efforts.


3. The consequences of early institutionalization: can institutions be improved? - should they?

McCall, R. B. Child Adol Ment Health Ahead of print [04/06/2013].

OBJECTIVES: The focus of this review is on institutionalized children, one of the most inequitably and severely treated groups of children. Although institutions vary, many share some common characteristics, including large groups, high children: caregiver ratios, many and changing caregivers and caregiver-child interactions that lack warm, sensitive, contingently-responsive and child-directed behaviours. Resident children develop poorly physically, mentally and social-emotionally, but those adopted from institutions display substantial catch-up growth in many domains of development. If they are adopted at an early age, there have been no long-term consequences of institutionalization yet measured; but if institutionalization is prolonged, they display higher rates of long-term deficiencies and problems in many domains.

METHODS: This review is based on a database search of the literature, focusing on the development of children while residents, and the development of post-institutionalized children who have been transitioned from institutions to family care. It also draws on the reports and findings of the St. Petersburg–USA Orphanage intervention.

RESULTS: A combination of theories pertaining to attachment (especially caregiver attachment to the infant–toddler), chronic stress and genetics may explain these outcomes. It appears that caregiver–child interactions are a major contributor to children’s outcomes and interventions in institutions that improve such interactions produce substantial increases in children’s physical, mental and social-emotional development, including for children with disabilities.

CONCLUSIONS: Deinstitutionalization and the creation of comprehensive professional child welfare systems emphasizing family care alternatives is a preferred goal, but this is likely to take many low-resource countries decades to develop. If substantial numbers of
children remain in institutions despite best efforts to find families for them, improving the institutions might help to provide all the children with the best care possible under the circumstances.


4. Taking a long view in child welfare: how can we evaluate intervention and child wellbeing over time?


SUMMARY: This paper synthesises ideas generated from an international knowledge exchange seminar series to explore the potential and pitfalls in utilising routine administrative data and survey data for longitudinal research about children involved in public child welfare services. Methodological, technical and ethical issues are explored, including the challenges in capturing the nature, focus and intensity of intervention. It is suggested that assessing child wellbeing across a range of dimensions in the short, medium and long term may provide a better conceptual basis for research than defining specific outcomes.


5. The neurobiological correlates of childhood adversity and implications for treatment


OBJECTIVES: This article provides an overview of research on the neurobiological correlates of childhood adversity and a selective review of treatment implications.

METHOD: Findings from a broad array of human and animal studies of early adversity were reviewed.

RESULTS: Topics reviewed include neuroendocrine, neurotrophic, neuroimaging, and cognitive effects of adversity, as well as genetic and epigenetic influences. Effects of early-life stress on treatment outcome are considered, and development of treatments designed to address the neurobiological abnormalities is discussed.

CONCLUSION: Early adversity is associated with abnormalities of several neurobiological systems that are implicated in the development of psychopathology and other medical conditions. Early-life stress negatively impacts treatment outcome, and individuals may require treatments that are specific to this condition.


Reviews / Guidelines

1. Childhood maltreatment and obesity: systematic review and meta-analysis


SUMMARY: Obesity is a prevalent global-health problem associated with substantial morbidity, impairment and economic burden. Because most readily available forms of treatment are ineffective in the long term, it is
essential to advance knowledge of obesity prevention by identifying potentially modifiable risk factors. Findings from experimental studies in non-human primates suggest that adverse childhood experiences may influence obesity risk. However, observations from human studies showed heterogeneous results. To address these inconsistencies, we performed Medline, PsycInfo and Embase searches till 1 August 2012 for articles examining the association between childhood maltreatment and obesity. We then conducted a meta-analysis of the identified studies and explored the effects of various possible sources of bias. A meta-analysis of 41 studies (190 285 participants) revealed that childhood maltreatment was associated with elevated risk of developing obesity over the life-course (odds ratio=1.36; 95% confidence interval=1.26-1.47). Results were not explained by publication bias or undue influence of individual studies. Overall, results were not significantly affected by the measures or definitions used for maltreatment or obesity, nor by confounding by childhood or adult socioeconomic status, current smoking, alcohol intake or physical activity. However, the association was not statistically significant in studies of children and adolescents, focusing on emotional neglect, or adjusting for current depression. Furthermore, the association was stronger in samples including more women and whites, but was not influenced by study quality. Child maltreatment is a potentially modifiable risk factor for obesity. Future research should clarify the mechanisms through which child maltreatment affects obesity risk and explore methods to remediate this effect.


2. A review of developmental research on resilience in maltreated children

Klika, J. B. and T. I. Herrenkohl Trauma Violence Abuse. Ahead of print [Epub 15/05/2013].

SUMMARY: Research demonstrates that child maltreatment can negatively impact the psychosocial functioning of individuals well beyond the point at which the trauma occurs. Fortunately, there is evidence that many children who are maltreated succeed in overcoming some of the possible consequences that can follow exposure to this particular form of adversity. Those who do are thought to be resilient. What it means to be resilient is an issue that researchers sometimes disagree on, as is reflected by the different definitions they apply to the term and the methods they use to study the phenomenon. In this literature review, we synthesize current findings on resilience and identify areas of congruence, as well as inconsistency in research methods across the reviewed studies. We focus the review exclusively on longitudinal studies to understand the dynamic qualities of resilience. Findings of the review suggest that,
while studies appear to conceptualize and measure common domains of resilience (e.g., social, emotional, behavioural functioning), the measures themselves are in some cases notably different, limiting the extent to which results can be systemically compared across studies. The review also shows that few studies, although longitudinal by design, examine resilience over extended periods of development. Consequently, little has actually been learned about how patterns of resilience unfold and are sustained. Of those studies that do examine resilience as a developmental process, the rate of stability in resilience across time is notably low. Implications for future research are discussed.


3. National clinical nursing guideline for identifying and intervening in child maltreatment within the family in Finland

SUMMARY: The purpose of this article is to present the clinical nursing guideline we developed to help nurses to identify and intervene in child maltreatment, defined as physical and psychological abuse and neglect. The guideline is based on a review of 77 research articles and review and discussion papers searched systematically from databases. According to this review, child maltreatment is associated with risk factors which may manifest themselves in the child, the parents or in the whole family. Knowledge and assessment of these risk factors are of the utmost importance. Particular attention needs to be paid to the accumulation of risks in the family. Physical and other signs caused by maltreatment are central to the identification of maltreatment. Important opportunities for identification and intervention are home visits to families with children, and during clinic visits, with questions and discussion about child-rearing practices, the parents' or carers' relationship and violence which might be present in family life.

Professional development

Australian Child & Adolescent Trauma, Loss & Grief Network

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

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

Australian Childhood Foundation

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

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

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

Australian Institute for Family Studies (AIFS) – Seminar series

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

Events calendar:

Adult Survivors of Child Abuse (ASCA)

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

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:

Events calendar:
http://www.rcb.org.au/ccch/events.htm

Child Abuse Consultancy Education and Training (CACET)

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

Website:

Child Wise

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

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

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

Compass Seminars Australia

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

Website:  

Events calendar:  

**ENCOMPASS - Family and Community**

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

Website:  

Training schedule:  

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

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

Website:  

Training and events calendar:  

**In Safe Hands**

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

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

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

In service training courses:  
http://www.insafehands.net.au/our-services

**Mental Health Professionals Network**

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

Website:  

Webinars:  

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

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

**Website:**

**Relationships Australia**

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

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

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

**Secretariat of National Aboriginal and Islands Child Care**

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

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

**Training:**

**Signs of Safety (resolutions consultancy)**

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

**Website:**
http://www.signs sof safety.net/home

**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 (AP SAC)**

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 multidisciplinary 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 Calendar**
http://www.ispcan.org/events/event_list.asp

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

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**UK**

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

National

Australian Centre for the Study of Sexual Assault (ACSSA)

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

Website:

Australian Domestic & Family Violence Clearinghouse

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

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

Child Protection Special Interest Group – RACP

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

Website:

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

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

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

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

Website:

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

Website:

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

Website:

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:
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:

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

National Criminal Justice Reference Services

USA

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

Website:
https://www.ncjrs.gov/

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/
**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

### July 2013

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<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>Forum</td>
<td>National forum on children and young people from refugee backgrounds</td>
<td>Sydney NSW</td>
</tr>
<tr>
<td>17-19</td>
<td>Conference</td>
<td>Community, work and family conference</td>
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### August 2013

<table>
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<tr>
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<th>Event Description</th>
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<tbody>
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<td>5-7</td>
<td>Conference</td>
<td>National youth affairs conference</td>
<td>Adelaide SA</td>
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<tr>
<td>5-7</td>
<td>Conference</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; International mental health conference</td>
<td>Surfers Paradise QLD</td>
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<td>13-14</td>
<td>Conference</td>
<td>International conference of attachment and trauma informed practice</td>
<td>Melbourne VIC</td>
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<tr>
<td>20-23</td>
<td>Conference</td>
<td>The MHS - Mental health services conference</td>
<td>Melbourne VIC</td>
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<tr>
<td>28-30</td>
<td>Conference</td>
<td>2013 National sexual assault conference</td>
<td>Hollywood USA</td>
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<tr>
<td>29-1</td>
<td>Conference</td>
<td>International academy of family psychology</td>
<td>Tokyo JAPAN</td>
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</tbody>
</table>
References


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