**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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**Research Update**

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**Abusive Head Trauma**

1. Nonconvulsive electrographic seizures are common in children with abusive head trauma


OBJECTIVES: To determine the prevalence of non-convulsive seizures in children with abusive head trauma.

DESIGN: Retrospective study of children with abusive head trauma undergoing clinically indicated continuous electroencephalographic monitoring.

SETTING: PICU of a tertiary care hospital.

SUBJECTS: Children less than or equal to 2 years old with evidence of abusive head trauma determined by neuroimaging, physical examination, and determination of abuse by the Child Protection Team.

INTERVENTIONS: None.

MEASUREMENTS AND MAIN RESULTS: Thirty-two children with abusive head trauma were identified with a median age of 4 months (interquartile range 3, 5.5 months). Twenty-one of 32 children (66%) underwent electroencephalographic monitoring. Those monitored were more likely to have a lower admission Glasgow Coma Scale (8 vs 15, p = 0.05) and be intubated (16 vs 2, p = 0.002). Electrographic seizures occurred in 12 of 21 children (57%) and constituted electrographic status epilepticus in 8 of 12 children (67%). Electrographic seizures were entirely nonconvulsive in 8 of 12 children (67%). Electroencephalographic background category (discontinuous and slow-disorganized) (p=0.02) and neuroimaging evidence of ischemia were associated with the presence of electrographic seizures (p = 0.05). Subjects who had electrographic seizures were no more likely to have clinical seizures at admission (67% electrographic seizures vs. 33% none, p = 0.6), parenchymal imaging abnormalities (61% electrographic seizures vs. 39% none, p = 0.40), or extra-axial imaging abnormalities (56% electrographic seizures vs. 44% none, p = 0.72). Four of 21 (19%) children died prior to discharge; none had electrographic seizures, but all had attenuated-featureless electroencephalographic backgrounds. Follow-up outcome data were available for 16 of 17 survivors at a median duration of 9.5 months following PICU admission, and the presence of electrographic seizures or electrographic status epilepticus was not associated with the Glasgow Outcome Scale score (p = 0.10).

CONCLUSION: Electrographic seizures and electrographic status epilepticus are common in children with abusive head trauma. Most seizures have no clinical correlate. Further study is needed to determine whether seizure identification and management improves outcome.

2. Evolution of epileptic encephalopathy in an infant with non-accidental head injury


**SUMMARY:** A 5-month-old child, previously healthy, was hospitalized with frequent episodes of tonic seizures. The seizures were controlled with antiepileptic medication. However, the parents did not continue medications after discharge from the hospital. The child was admitted several times with breakthrough seizures. Over time the seizures became refractory to treatment. Neurometabolic work up and imaging studies for uncontrolled seizures revealed non-accidental head injury (shaken baby syndrome) as the underlying cause. His first EEG was normal and changed from normal to an epileptic encephalopathy pattern during his several admissions for uncontrolled seizures. From a normal child at the first admission, the child was severely regressed at the last admission. The present paper highlights the evolution of EEG changes in a child with non-accidental head injuries. This report also highlights considering non-accidental head injury as the underlying cause in younger children presenting with unexplained epileptic encephalopathy.


3. Abusive head trauma in children: a literature review


**OBJECTIVES:** To review the scientific literature on paediatric abusive head trauma as a form of physical abuse against infants and young children, highlighting the prevalence, signs and symptoms, consequences, risk factors for its occurrence, and prevention strategies.

**DATA SOURCE:** The MEDLINE, SciELO, LILACS, and Web of Science databases from 2001 to 2012 were reviewed, using the terms "shaken baby syndrome" and "abusive head trauma" in English, Spanish, and Portuguese.

**DATA SYNTHESIS:** Paediatric abusive head trauma is defined as injury to the skull or intracranial contents of an infant or child younger than 5 years due to intentional abrupt impact and/or violent shaking. It occurs mainly in infants and children under 1 year of age, and may result in severe consequences, from physical or mental disabilities to death. Although there are specific signs for this form of
abuse, they can be mistaken for common illnesses in children or accidental head injury; thus, clinical training of professionals involved in the assessment of cases to attain the correct diagnosis is crucial. Prevention strategies should include early identification of cases, as well as parental education on child development, especially on the infant's crying pattern.

CONCLUSION: Considering the severity of abusive head trauma in children, it is critical that prevention strategies be implemented and evaluated in the Brazilian context. It is suggested that its incidence indicators be assessed at the national level.

Full text:
http://ac.els-cdn.com/S0021755713001289/1-s2.0-S0021755713001289-main.pdf?_tid=3860be10-f4ab-11e2-9c64-00000aacb35d&acdnat=1374702879_db7961dc5edf5a4153250b61ee0900b1

4. Retinal haemorrhage in an infant following an accidental fall—a case report

No abstract available.

——— Child physical abuse ———

1. Harsh physical punishment in childhood and adult physical health

BACKGROUND: The use of physical punishment is controversial. No studies have comprehensively examined the relationship between physical punishment and several physical health conditions in a nationally representative sample. The current study investigated possible associations between harsh physical punishment (i.e., pushing, grabbing, shoving, slapping, and hitting) in the absence of more severe child maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, and exposure to intimate partner violence) and several physical health conditions.

METHODS: Data were from the National Epidemiologic Survey on Alcohol and Related Conditions collected in 2004 and 2005 (n = 34 226 in the current analysis). The survey was conducted with a representative US adult population sample (20 years or older). Eight past year physical health condition categories were assessed. Models were adjusted for socio-demographic variables, family history of
dysfunction, and Axis I and II mental disorders.

RESULTS: Harsh physical punishment was associated with higher odds of cardiovascular disease (borderline significance), arthritis, and obesity after adjusting for socio-demographic variables, family history of dysfunction, and Axis I and II mental disorders (adjusted odds ratios ranged from 1.20 to 1.30).

CONCLUSIONS: Harsh physical punishment in the absence of child maltreatment is associated with some physical health conditions in a general population sample. These findings inform the ongoing debate around the use of physical punishment and provide evidence that harsh physical punishment independent of child maltreatment is associated with a higher likelihood of physical health conditions.


2. Prevalence and relevance of pediatric spinal fractures in suspected child abuse
Barber, I., J. M. Perez-Rossello, et al. 
Pediatr Radiol. Ahead of print [Epub 07/03/2013].

BACKGROUND: Spinal fractures are uncommon manifestations of child abuse and elimination of the lateral views of the spine from the initial skeletal survey protocol has been recommended.

OBJECTIVES: To establish the prevalence of spinal fractures detected on skeletal surveys performed for suspected child abuse and their association with intracranial injury (ICI).

MATERIALS AND METHODS: The ACR standardized skeletal surveys and neuroimaging studies of 751 children (ages 0-4 years) were reviewed. A positive skeletal survey was defined as having one or more clinically unsuspected fractures.

RESULTS: Fourteen children had a total of 22 definite spinal fractures. This constituted 1.9% (14/751) of the total cohort, and 9.7% (14/145) of children with a positive skeletal survey. Advanced imaging confirmed the fractures in 13 of the 14 children and demonstrated 12 additional spinal fractures. In five cases, spinal fractures were the only positive skeletal findings. In 71% (10/14) of the children, the spinal fractures were accompanied by ICI. Children with spinal fractures were at significantly greater risk for ICI than those without spinal injury (P < 0.05).

CONCLUSION: Spinal fractures are not rare in children with positive skeletal surveys performed for suspected abuse and they may be the only indication of
skeletal trauma. There is an association between spinal fractures and ICI.


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**Child sexual abuse**

1. The risk of misinterpreting genital signs of sexual abuse in cadavers: a case report


SUMMARY: The significance of genital findings in a case of suspected child sexual abuse has been widely debated in the past decades, as shown by the different classifications available in literature. In the case of post-mortem examination, the search for signs of sexual abuse is considerably more difficult because of the superimposition of post-mortem modifications, which may determine tissue modifications that can be mistaken for traumatic lesions. This study aims at reporting a case where presumed findings of the first autopsy were denied by histological analysis; in detail, what looked like a possible bruise of the hymen was correctly recognized as hypostasis (liver) of the hymenal tissue by histological analysis. This case report suggests caution in the analysis and discussion of genital lesions found during post-mortem examination since the superimposition of cadaveric modifications may radically modify the morphology of soft tissues.


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2. Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies


SUMMARY: Although child sexual abuse (CSA) is recognized as a serious violation of human well-being and of the law, no community has yet developed mechanisms that ensure that none of their youth will be sexually abused. CSA is, sadly, an international problem of great magnitude that can affect children of all ages, sexes, races, ethnicities, and socioeconomic classes. Upon invitation, this current publication aims at providing a brief overview of a few lessons we have learned from CSA scholarly research as to heighten awareness of mental health professionals on this utmost important and widespread social problem. This overview will focus on the prevalence of CSA, the associated mental health outcomes, and the preventive strategies to prevent CSA from happening in the first place.

3. “Who can you tell?” Features of Arab culture that influence conceptualization and treatment of childhood sexual abuse


SUMMARY: The literature on child sexual abuse reflects growing recognition of the manner in which culture impacts the conceptualization, experience, and treatment of such cases. Despite heightened visibility of Arab Americans within the United States, population due to recent media attention, little empirical research exists on the occurrence of child sexual abuse within this population. Arab culture is often characterized by an emphasis on collectivism and familial obligations, and such features may prove to either facilitate or impede assessment and treatment of child sexual abuse, depending on how they are manifested. In terms of reporting child sexual abuse, cultural values pertaining to shame and honour as well as the stigma attached to mental health problems may influence the response to abuse. As such, enhancing the cultural competence of the therapist is key to facilitating effective cultural practice. Empirical research is required to investigate and substantiate these concepts as they relate to child sexual abuse in Arab-American populations.

http://www.tandfonline.com/doi/abs/10.1080/10538712.2013.800935

4. The relationship between knowledge and child and caregiver distress during the medical examination for child sexual abuse


SUMMARY: When child sexual abuse is suspected, a child sexual abuse–related medical examination is recommended to ensure the child’s well-being. While the extant research has sought to identify factors influencing child distress during this examination, only recently have studies began examining variables that may be directly associated with the child or within the medical setting. Knowledge of the child sexual abuse–related medical examination is one medical-related variable that has been implicated in child and caregiver distress during the examination. The current study contributes to the existing literature by investigating associations among examination knowledge in relation to caregiver and child anxiety at the time of a child sexual abuse–related medical examination, taking into account ethnicity, past child abuse, injury to child
as result of abuse, and caregiver response to disclosure. Sixty-eight children and their non-offending caregiver were assessed. Results indicated that understanding of the examination and caregiver response to disclosure were significantly associated with caregiver and child anxiety.

http://www.tandfonline.com/doi/abs/10.1080/10538712.2013.800937

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**Emotional abuse & neglect**

1. **Fatal child neglect: characteristics, causation, and strategies for prevention**

Welch, G. L. and B. L. Bonner Child Abuse Negl Ahead of print [Epub 24/07/2013].

SUMMARY: Research in child fatalities because of abuse and neglect has continued to increase, yet the mechanisms of the death incident and risk factors for these deaths remain unclear. The purpose of this study was to systematically examine the types of neglect that resulted in children's deaths as determined by child welfare and a child death review board. This case review study reviewed 22 years of data (n=372) of child fatalities attributed solely to neglect taken from a larger sample (N=754) of abuse and neglect death cases spanning the years 1987-2008. The file information reviewed was provided by the Oklahoma Child Death Review Board (CDRB) and the Oklahoma Department of Human Services (DHS) Division of Children and Family Services. Variables of interest were child age, ethnicity, and birth order; parental age and ethnicity; cause of death as determined by child protective services (CPS); and involvement with DHS at the time of the fatal event. Three categories of fatal neglect - supervisory neglect, deprivation of needs, and medical neglect - were identified and analysed. Results found an overwhelming presence of supervisory neglect in child neglect fatalities and indicated no significant differences between children living in rural and urban settings. Young children and male children comprised the majority of fatalities, and African American and Native American children were over-represented in the sample when compared to the state population. This study underscores the critical need for prevention and educational programming related to appropriate adult supervision and adequate safety measures to prevent a child's death because of neglect.

Prevention and interventions

1. An evaluation of the parents under pressure programme: a study protocol for an RCT into its clinical and cost effectiveness


BACKGROUND: Many babies in the UK are born to drug-dependent parents, and dependence on psychoactive drugs during the postnatal period is associated with high rates of child maltreatment, with around a quarter of these children being subject to a child protection plan. Parents who are dependent on psychoactive drugs are at risk of a wide range of parenting problems, and studies have found reduced sensitivity and responsiveness to both the infant’s physical and emotional needs. The poor outcomes that are associated with such drug dependency appear to be linked to the multiple difficulties experienced by such parents. An increase in understanding about the crucial importance of early relationships for infant well-being has led to a focus on the development and delivery of services that are aimed at supporting parenting and parent–infant interactions. The PuP programme in Australia with parents on methadone maintenance of children aged 3 to 8 years found significant reductions in child abuse potential, rigid parenting attitudes and child behaviour problems.

METHODS/ DESIGN: The study comprises a multicentre randomised controlled trial using a mixed-methods approach to data collection and analysis in order to identify which families are most able to benefit from this intervention. The study is being conducted in six family centres across the UK, and targets primary caregivers of children less than 2.5 years of age who are substance dependent. Consenting participants are randomly allocated to either the 20-week PuP programme or to standard care. The primary outcome is child abuse potential, and secondary outcomes include substance use, parental mental health and emotional regulation, parenting stress, and infant/toddler socio-emotional adjustment scale.

DISCUSSION: This is one the first UK studies to examine the effectiveness of a
programme targeting the parenting of substance-dependent parents of infants and toddlers, in terms of its effectiveness in improving the parent–infant relationship and reducing the potential for child abuse.

**Trial registration:** International Standard Randomised Controlled Trial Number Register: ISRCTN47282925.

**Full text:**

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**Child protection professionals**

1. **Screening methods to detect child maltreatment: high variability in Dutch emergency departments**


**BACKGROUND:** In the Netherlands, screening for child maltreatment is mandatory in all emergency departments but it is unclear which screening methods are being used. As a first step towards implementation of a universal screening method across all emergency departments, we assessed the currently used screening methods.

**OBJECTIVES:** To provide an overview of the screening methods for child maltreatment across all emergency departments in the Netherlands and to assess their empirical substantiation.

**METHODS:** We surveyed all emergency departments in the Netherlands using a questionnaire on screening methods. All screening checklists used in emergency departments were assembled and compared with the literature.

**RESULTS:** 85 hospitals with an emergency department were approached, 80 of which completed the questionnaire and 77 provided copies of their screening checklists. All participating hospitals use a screening checklist, 41% a screening physical examination, 60% a screening based on parental risk factors and 3% a retrospective review of all charts. The empirical substantiation for these screening methods is largely lacking, and at least 73% of the hospitals use a checklist that has not been reported in the literature.

**CONCLUSION:** Large variations in screening methods exist across emergency departments in the Netherlands, most of which are not based on empirical evidence.

2. Why are suspected cases of child maltreatment referred by educators so often unsubstantiated?


SUMMARY: School professionals have a unique vantage point for identifying child maltreatment and they are a frequent source of referral to child protective services. Disturbingly, past studies have found that maltreatment concerns reported by educators go unsubstantiated by child protective services at much higher rates than suspected maltreatment reported by other professionals. This study explores whether there are systematic differences in the characteristics of cases reported by educators as compared to other professionals and examines whether such variation might account for differences in investigation outcome. Analyses were based on 7,725 cases of suspected maltreatment referred by professionals to child protective services from the Canadian Incidence Study of Reported Child Abuse and Neglect - 2003 a national database on the characteristics of children and families investigated by child protective services. School professionals were responsible for 35.8% of professional referrals. Reports by educators were much more likely to be unsubstantiated (45.3%) than those by other professionals (28.4%) in subsequent child protective investigation. Cases reported by educators were found to contain significantly more child risk factors (e.g., child emotional and behavioural problems) and fewer caregiver and family risk factors (e.g., caregiver mental health problem, single parent family) than cases reported by other professionals. Even controlling for these differences, educator-reported concerns were still 1.84, 95% CI [1.41, 2.40] times as likely to be unsubstantiated as reports from other professionals. Contrary to the notion that educators are mostly reporting non-severe cases, suspected/substantiated cases reported by school professionals were more likely to be judged as chronic and more likely to involve families with a previous child protection history. Results are concerning for the capacity of the education and child protection systems to work together to meet their shared goal of promoting healthy child development. Additional research is needed on the way in which child risks and problems influence child protective service, particularly in the context of chronic abuse and neglect and
lack of availability of child and family mental health interventions. Potential problems with credibility of school professionals as reporters of child maltreatment concerns also warrant further investigation.


1. Cross-country comparison of victimisation-related injury admission in children and adolescents in England and Western Australia


BACKGROUND: A single, standardised measure of victimisation-related (VR) injury admission in hospital administrative datasets could allow monitoring of preventive and response strategies and international comparisons of policy. Consistency of risk factors and incidence rates for a measure of victimisation-related injury in different countries with similar access to healthcare services would provide indirect evidence for measure validity.

METHODS: Cohorts were derived from hospital administrative data for children aged less than 18 years who were admitted for acute injury to hospitals in England or Western Australia (WA) in 2000 to 2008. We compared the effects of age, sex and deprivation on the annual incidence of acute admission for VR injury defined by a cluster of ICD-10 codes reflecting characteristics that should alert clinicians to consider victimisation as a cause of injury. Four subcategories comprised codes specifically indicating child maltreatment, assault, undetermined cause, or adverse social circumstances.

RESULTS: The incidence of VR injury followed a similar 'J'-shaped association with age in both countries with increasing rates from 10 years onwards and peaks in infancy and in 16–17 year-olds. In both countries, rates increased with deprivation. Girls had lower rates than boys except in the 11–15 age group where girls had higher rates than boys in WA but not in England. Adjusted incidence rates were similar in both countries for children aged 3 to 15 years old, but were higher in WA compared with England in children under 3 years old and in those aged 16–17 years. Higher rates in WA in 16–17 year-olds were explained by more admissions coded for the subcategories of adverse social circumstances, and to a lesser extent,
assault, than in England. Children less than 3 years old were more often coded specifically for maltreatment in WA than in England.

CONCLUSION: The similarities in risk factors and in the adjusted rates of victimisation-related injury admission in both countries suggest that the VR cluster of ICD-10 codes is measuring a similar underlying problem. Differential use of coding subcategories highlights the need to use the entire VR cluster for comparisons across settings.

Full text:

2. Childhood adversity in association with personality disorder dimensions: new findings in an old debate


BACKGROUND: Various studies have reported a positive relationship between child maltreatment and personality disorders (PDs). However, few studies included all DSM-IV PDs and even fewer adjusted for other forms of childhood adversity, e.g. bullying or family problems.

METHOD: We analysed questionnaires completed by 512 participants of the ZInEP epidemiology survey, a comprehensive psychiatric survey of the general population in Zurich, Switzerland. Associations between childhood adversity and PDs were analysed bivariately via simple regression analyses and multivariately via multiple path analysis.

RESULTS: The bivariate analyses revealed that all PD dimensions were significantly related to various forms of family and school problems as well as child abuse. In contrast, according to the multivariate analysis only school problems and emotional abuse were associated with various PDs. Poverty was uniquely associated with schizotypal PD, conflicts with parents with obsessive-compulsive PD, physical abuse with antisocial PD, and physical neglect with narcissistic PD. Sexual abuse was statistically significantly associated with schizotypal and borderline PD, but corresponding effect sizes were small.

CONCLUSION: Childhood adversity has a serious impact on PDs. Bullying and violence in schools and emotional abuse appear to be more salient markers of general personality pathology than other forms of childhood adversity. Associations with sexual abuse were negligible when adjusted for other forms of adversity.

3. Synergistic childhood adversities and complex adult psychopathology


SUMMARY: Numerous studies find a cumulative effect of different types of childhood adversities on increasing risk for serious adult mental and medical outcomes. This study uses the National Comorbidity Survey-Replication sample to investigate the cumulative impact of 8 childhood adversities on complex adult psychopathology as indexed by (a) number of lifetime diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994); (b) number of 4 DSM-IV disorder categories (mood, anxiety, impulse control, and substance abuse disorders); and (c) coexistence of internalizing and externalizing disorders. Seven of the 8 childhood adversities were significantly associated with complex adult psychopathology. Individuals with 4 or more childhood adversities had an odds ratio of 7.3, 95% confidence interval [4.7, 11.7] for 4 disorder categories. Additive and multiplicative synergistic effects increasing adult psychopathology were found for specific pairwise combinations of childhood adversities. Synergistic patterns differed by gender suggesting that women are more impacted by sexual abuse and men by economic hardship. The absence of childhood adversities was protective, in that it significantly decreased an individual's risk for subsequent adult mental illness. The results support the clinical impression that increased childhood adversity is associated with more complex adult psychopathology.


Reviews / Guidelines

No papers.
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 subsection on abuse, neglect and violence.

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

Australian Childhood Foundation

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

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

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

Australian Institute for Family Studies (AIFS) – Seminar series

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

Events calendar:

Adult Survivors of Child Abuse (ASCA)

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

Website:

Workshops:
Caraniche Training and Research

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

Website:

Training and research:

Centre for Community Child Health (CCCH)

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

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

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

Child Abuse Consultancy Education and Training (CACET)

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

Website:

Child Wise

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

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

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

Compass Seminars Australia

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

Website:

Events calendar:

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:
http://www.snaicc.asn.au/training/dsp-default.cfm?озд#t=101

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 organises online trainings and free webinars.

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.
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.
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:
International

California Evidence Based Clearinghouse (CEBC)

USA

The California Evidence Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.

Website:
http://www.cebc4cw.org/

Events calendar:
http://www.cebc4cw.org/resources/cebc‐calendar/

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

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**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:**

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**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:**

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

**USA**

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

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

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

**USA**

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

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

### August 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
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<tbody>
<tr>
<td>5</td>
<td>Webinar</td>
<td>The long-term effects of child sexual abuse</td>
<td>Online</td>
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<tr>
<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>14th International mental health conference</td>
<td>Surfers Paradise QLD</td>
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<tr>
<td>13-14</td>
<td>Conference</td>
<td>International conference of attachment &amp; trauma informed practice</td>
<td>Melbourne VIC</td>
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<td>20-23</td>
<td>Conference</td>
<td>The MH – Mental health services conference</td>
<td>Melbourne VIC</td>
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<tr>
<td>25-28</td>
<td>Conference</td>
<td>World mental health congress</td>
<td>Buenos Aires ARGENTINA</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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<td>30-2</td>
<td>Conference</td>
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References


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44. Rogers, A.J., et al., Incidental findings in children with blunt head trauma evaluated with cranial CT scans Pediatrics. Ahead of print [Epub 01/07/2013].
Disclaimer: The views or opinions expressed in the information found in this newsletter do not necessarily reflect those of the Mater Children’s Hospital or QLD Health. This document is simply a platform which facilitates access to existing relevant information.