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

Abusive Head Trauma

1. Reliability of grading retinal hemorrhages in abusive head trauma
Chhabra, M. S., D. J. Bonsall, et al. JAAPOS
Ahead of print [06/08/2013].

PURPOSE: To study the intra- and inter-observer reliability of paediatric ophthalmologists in grading retinal haemorrhages in abusive head trauma.

METHODS: Paediatric ophthalmologists attending the 2009 annual meeting of the American Association for Paediatric Ophthalmology and Strabismus participated in an onsite survey. The participants were required to compare a collection of fundus photographs of patients with abusive head trauma to two standardized photographs, A and B. Participants graded photographs as normal (no retinal haemorrhages), better than A but not normal, same as A, between A and B, same as B, or worse than B. The survey was divided into four parts: part 1 consisted of 20 photographs to be graded; part 2 was a questionnaire about participant’s professional experience; part 3 consisted of 20 photographs to be graded (including 15 graded in part 1 but reordered); and part 4 asked about the criteria used to grade the photographs. RESULTS: Of the 95 participants, 92 (97%) were licensed physicians with a mean of 14 years in practice. The intra-rater reliability was found to be high, with overall average of 85% pre- and post-agreement on the common pictures. Kendall’s coefficient of concordance was used as the statistical measure of inter-rater reliability and had a high value (0.82).

CONCLUSIONS: Pediatric ophthalmologists showed high intra- and inter-observer reliability in grading retinal haemorrhages in abusive head trauma.


2. History of an abusive head trauma including a lucid interval and a retinal hemorrhage is most likely false

SUMMARY: A lucid interval (LI) is the period of time between regaining consciousness after a short period of unconsciousness, resulting from a head injury and deteriorating after the onset of neurologic signs and symptoms caused by that injury. The incentive for this study was the case of a father who left his 14-week-old infant with the nanny in whose custody the infant had collapsed. The nanny denied involvement in the injury, and the father became a suspect. Of 47 abusive head trauma (AHT) cases, 8 were found to have an LI in the past. The history of the cases were thoroughly analysed and compared with evidence in the literature. An LI is not compatible with an inertial brain injury. Shaking has either an immediate effect or no...
effect, which means that an LI occurs only in pure impact or blunt injuries. When "shaking lesions" are found including a retinal haemorrhage while the history mentions an LI, the story most likely is false, regardless of whether the perpetrator confesses. The finding of an LI may change the assessment of an AHT case. Lucid interval is a valuable variable in the diagnostic accuracy of an AHT.


3. Fatal pediatric head injuries: a 20-year review of cases through the Auckland coroner’s office


SUMMARY: Inflicted paediatric head injury is a significant issue in New Zealand, fatal cases receiving extensive media attention. The primary aims of this article were to analyse injury patterns and reported mechanisms against both age and cause (accidental or inflicted). The secondary aims were to quantify these deaths and identify trends over time. We retrospectively reviewed paediatric deaths due to head injury in children younger than 15 years referred to the Coronal Service of Auckland, New Zealand, from January 1, 1991, to December 31, 2010. One hundred sixty-seven cases were identified. Overall incidence was stable over time; however, the rate of inflicted head injury increased significantly (from 0.1 to 0.4/100,000 per year). Evidence of impact was seen in 90% of cases. In children younger than 2 years, in the absence of motor vehicle or pedestrian trauma, subdural haemorrhage and diffuse axonal injury were both highly suggestive of inflicted injury. The absence of a history of trauma or a history of a fall less than 1 m was also highly suggestive of inflicted injury. Retinal haemorrhages in these fatal head injuries were severe in 77% of cases and moderate in the remainder.


4. Infant abusive head trauma incidence in Queensland, Australia


SUMMARY: This study describes the incidence of head injuries caused by abuse in an Australian infant sample. The frequency of abusive head trauma established by the study is comparable with that reported both internationally and for age-incidence peaks of alternate forms of childhood injury, highlighting the need for investment in prevention initiatives.


5. Abusive head trauma in young children in the Netherlands: evidence for multiple incidents of abuse

AIM: We investigated the prevalence of risk factors for and the prevalence of prior abuse in abusive head trauma victims in the Netherlands.

METHODS: We performed a retrospective file review of all abusive head trauma cases in the Netherlands in which forensic medical expertise was requested by the courts, between 2005 and 2010. Outcome measures were risk factors and indicators for prior abuse.

RESULTS: Eighty-nine cases were included; 62% boys, median age 3.5 months. Impact trauma was found in 48% of cases, with a male perpetrator in 79%. Prematurity, dysmaturity and twins/triplets were found in 27%, 23% and 10% of cases respectively, maternal age under 20 years in 17%. Of the parents, 60% had completed only primary or secondary education 38% of the families were known to child welfare authorities. There was evidence for prior abuse in 81% of the cases.

CONCLUSION: The high number of families with prior abuse indicates that both the health care system and child welfare authorities failed to protect some of the children that have been in their care. Our results highlight the importance of training health care and child welfare professionals in recognizing physical abuse, as well as the importance of optimizing abusive head trauma prevention strategies.


6. Patterns of accidental craniocerebral injury occurring in early childhood

OBJECTIVES: To describe the range of intracranial injuries encountered in 0-2-year-olds in cases of accidental head injury where the mechanism of trauma was well characterised and to assess the clinical consequences.

DESIGN: A retrospective review of imaging and clinical data.

SETTING: Two tertiary paediatric referral centres.

PATIENTS: All children aged 0-2 undergoing cranial CT as indicated by National Institute for Health and Clinical Excellence guidance for head injury from 2006 to 2011. After exclusion criteria, 149 patients were included.

MAIN OUTCOME MEASURES: Rates of skull fracture, intracranial haemorrhage, parenchymal injuries and ischaemic change per type of mechanism of injury. Rates of neurological sequelae on follow-up.

RESULTS: Skull fractures were demonstrated in 54 (36%) patients of whom 17 (11%) had thin underlying subdural haemorrhage (SDH). Extradural haemorrhage complicated one fracture and two cases of isolated subdural
haematomas were seen without skull fracture. Radiologically evident brain parenchymal injuries were present in three patients, all with mechanisms of injury involving high levels of force; severe neurological sequelae were only seen in one patient, who had diffuse hypoxic-ischaemic damage at presentation and whose (accidental) mechanism of injury involved extensive acceleration/deceleration/translational forces.

CONCLUSIONS: Skull fractures and focal SDH are relatively common following minor trauma in this age group but in the vast majority of cases there are no long-term neurological sequelae. Conversely, diffuse brain injury with severe subsequent neurological impairment was only seen in patients with a correspondingly severe mechanism of injury.


Child physical abuse

No paper identified.

Child sexual abuse

1. The evaluation of children in the primary care setting when sexual abuse is suspected


SUMMARY: This clinical report updates a 2005 report from the American Academy of Pediatrics on the evaluation of sexual abuse in children. The medical assessment of suspected child sexual abuse should include obtaining a history, performing a physical examination, and obtaining appropriate laboratory tests. The role of the physician includes determining the need to report suspected sexual abuse; assessing the physical, emotional, and behavioral consequences of sexual abuse; providing information to parents about how to support their child; and coordinating with other professionals to provide comprehensive treatment and follow-up of children exposed to child sexual abuse


2. Factors that influence the variability in findings of anogenital injury in adolescent/adult sexual assault victims: a review of the forensic literature


SUMMARY: Sexual violence is a pervasive problem worldwide. Anogenital injuries are one type of injury that may be present because of sexual violence. A review of the forensic literature yielded 13 published studies from 6 countries between 1987 and 2011 that met the inclusion/exclusion criteria, illustrating that anogenital (anal and/or genital) trauma is observed in 16% to 77% of sexual assault victims. Establishing the
reliability of the conclusions of these studies is difficult due to a lack of uniformity in methodology to include detection of injury, injury definition, victim age, time window for examination, injury from consensual sex, and training of examiners. Each one of these factors can change the rate of injury observed. The evaluated studies show a disparity due to a lack of uniformity in examination protocols, injury classification, and examiner qualifications. A current, state of the science, evidence-based standardized protocol should be constructed that promotes objective and accurate parameters including the use of colposcopy, staining techniques, digital photography, and adequate training for examiners of sexual assault victims who present with anogenital injury. 


3. Psychoanalytic/ psychodynamic psychotherapy for children and adolescents who have been sexually abused


BACKGROUND: The sexual abuse of children and adolescents is a significant worldwide problem. It is associated with a wide variety of negative psychological, social and physical consequences for the victims. These effects can often be seen immediately following sexual abuse, but they may manifest later on and sometimes only in adult life. There are a number of different interventions aimed at helping children and adolescents who have been sexually abused, and psychoanalytic/psychodynamic psychotherapy has a long-established tradition of being used for such victims. In this review, we set out to find the evidence for its effectiveness specifically in children and adolescents who have been sexually abused.

OBJECTIVES: To assess the effectiveness of psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused.

SEARCH METHODS: We searched the following databases in May 2013: CENTRAL, Ovid MEDLINE, Embase, PsycINFO, CINAHL, Sociological Abstracts, Social Science Citation Index, Conference Proceedings Citation Index - Social Science and Humanities, LILACS and WorldCat. We also searched three trials registers, checked the reference lists of relevant studies and contacted known experts.

SELECTION CRITERIA: Randomised and quasi-randomised trials comparing psychoanalytic/ psychodynamic psychotherapy with treatment as usual or no treatment/ waiting list control for children and adolescents up to age of 18 who had experienced sexual abuse at any time prior to the intervention.

DATA COLLECTION AND ANALYSIS: The review authors (BP and WT) independently screened
search results to identify studies that met eligibility criteria.

MAIN RESULTS: No studies were identified that met the inclusion criteria for this review.

AUTHORS’ CONCLUSIONS: There are no randomised and quasi-randomised trials that compare psychoanalytic/psychodynamic therapy with treatment as usual, no treatment or waiting list control for children and adolescents who have been sexually abused. As a result, we cannot draw any conclusions as to the effectiveness of psychoanalytic/psychodynamic psychotherapy for this population. This important gap emphasises the need for further research into the effectiveness of psychoanalytic/psychodynamic psychotherapy in this population. Such research should ideally be in the form of methodologically high-quality, large-scale randomised controlled trials. If these are not conducted, future systematic reviews on this subject may need to consider including other lower quality evidence in order to avoid overlooking important research.

**Access full text:**

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**Emotional abuse & neglect**

1. Cortical thickness, surface area, and gyrification abnormalities in children exposed to maltreatment: neural markers of vulnerability?


BACKGROUND: Childhood maltreatment has been shown to significantly elevate the risk of psychiatric disorder. Previous neuroimaging studies of children exposed to maltreatment have reported atypical neural structure in several regions, including the prefrontal cortex and temporal lobes. These studies have exclusively investigated volumetric differences rather than focusing on genetically and developmentally distinct indices of brain structure.

METHODS: Here we used surface-based methods to examine cortical thickness, surface area, and local gyrification in a community sample of children with documented experiences of abuse (n = 22) and a group of carefully matched nonmaltreated peers (n = 21).

RESULTS: Reduced cortical thickness in the maltreated compared with the nonmaltreated group was observed in an extended cluster that incorporated the anterior cingulate, superior frontal gyrus, and orbitofrontal cortex. In addition, reduced cortical surface area was observed within the parcellated regions of the left middle temporal area and
lingual gyrus. Local gyrification deficits within the maltreated group were located within two clusters, the lingual gyrus and the insula extending into pars opercularis.

CONCLUSIONS: This is the first time structural abnormalities in the anterior cingulate and lingual gyrus have been detected in children exposed to maltreatment. Surface-based methods seem to capture subtle, previously undetected, morphological abnormalities associated with maltreatment. We suggest that these approaches detect developmental precursors of brain volume differences seen in adults with histories of abuse. Because the reported regions are implicated in several clinical disorders, they might constitute biological markers of vulnerability, linking exposure to early adversity and psychiatric risk.


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**Prevention and interventions**

1. **Examining the effectiveness of home-based parent aide services to reduce risk for physical child abuse and neglect: six-month findings from a randomized clinical trial**


OBJECTIVES: This study set out to carry out a feasible, real-world, randomized clinical trial to examine the benefits of home-based paraprofessional parent aide services in reducing physical abuse and neglect risk in high-risk parents.

METHODS: Families were randomly assigned to receive either parent aide plus case management services (n=73) or case management services only (n=65), collecting in-home data on physical child abuse and neglect and proximal risk and protective factors, just prior to service initiation, and again after six months of services.

RESULTS: Mothers receiving parent aide and case management services reported significant improvements from baseline to six-month follow-up in self-reported indicators of physical child abuse risk, as well as improvements on parental stress, mastery, depression, and anxiety, whereas mothers receiving only case management services did not. The slopes of such observed changes across groups, however, were not found to be statistically significantly different. No discernible improvements were found with regard to indicators of risk for child neglect.

CONCLUSION: As the first randomized clinical trial examining the effectiveness of parent aide services, this study provides the first controlled evidence examining the potential benefits of this service modality. This study suggests promising trends regarding the benefit of parent aide services with respect to physical child abuse risk reduction and related predictors, but evidence does not appear to suggest that such services, as they are presently delivered, reduce child neglect.
PRACTICE IMPLICATIONS: These findings support the continued use of parent aide services in cases of physical child abuse and also suggest careful consideration of the ways such services may be better configured to extend their impact, particularly with respect to child neglect risk.


Child protection professionals

1. Predicting the decisions of hospital based child protection teams to report to child protective services, police and community welfare services.


SUMMARY: This study examines judgments made by hospital-based child protection teams (CPTs) when determining if there is reasonable suspicion that a child has been maltreated, and whether to report the case to a community welfare agency, to child protective services (CPS) and/or to the police. A prospective multi-center study of all 968 consecutive cases referred to CPTs during 2010-2011 in six medical centers in Israel. Centers were purposefully selected to represent the heterogeneity of medical centers in Israel in terms of size, geographical location and population characteristics. A structured questionnaire was designed to capture relevant information and judgments on each child referred to the team. Bivariate associations and multivariate multinomial logistic regressions were conducted to predict whether the decisions would be (a) to close the case, (b) to refer the case to community welfare services, or (c) to report it to CPS and/or the police. Bivariate and multivariate analyses identified a large number of case characteristics associated with higher probability of reporting to CPS/police or of referral to community welfare services. Case characteristics associated with the decisions include socio-demographic (e.g., ethnicity and financial status), parental functioning (e.g., mental health), previous contacts with authorities and hospital, current referral characteristics (e.g., parental referral vs. child referral), physical findings, and suspicious behaviors of child and parent. Most of the findings suggest that decisions of CPTs are based on indices that have strong support in the professional literature. Existing heterogeneity between cases, practitioners and medical centers had an impact on the overall predictability of the decision to report. Attending to collaboration between hospitals and community agencies is suggested to support learning and quality improvement.


2. Emergency department evaluation of child abuse


SUMMARY: Child abuse presents commonly to emergency departments. Emergency providers are confronted with medical, social,
and legal dilemmas with each case. A solid understanding of the definitions and risk factors of victims and perpetrators aids in identifying abuse cases. Forensic examination should be performed only after the child is medically stable. Emergency providers are mandatory reporters of a reasonable suspicion of abuse. The role of the emergency provider is to identify abuse, facilitate a thorough investigation, treat medical needs, protect the patient, provide an unbiased medical consultation to law enforcement, and to provide an ethical testimony if called to court.


3. Factors influencing the prosecution of child physical abuse cases in a Swedish metropolitan area


AIM: To examine whether case characteristics of alleged child physical abuse, such as severity, influence criminal investigation procedures and judicial outcomes.

METHOD: We identified all police-reported cases of non-fatal child physical abuse during 2006 in a Swedish metropolitan area (n=158). Case characteristics were abstracted from police records.

RESULTS: Over half (56%) of the victims were boys and the median age group was 9-12 years. The severity of the alleged violence was low in 8% of cases, moderate in 51%, and high in 41%. Suspects were interviewed in 53% of cases, with fathers more likely to be interviewed than mothers. Children were forensically interviewed in 52% of cases, with 9% physically examined by a clinician and 2.5% by a forensic specialist. Seven per cent of the cases were prosecuted and 1.3% resulted in summary punishment. We found no association between severity of alleged abuse and whether the suspect was interviewed, the child was forensically interviewed or physically examined or whether the perpetrator was found guilty.

CONCLUSIONS: Despite the high severity of alleged violence, physical examination rates were low, suggesting a need for criminal investigative procedures on child physical abuse to be reviewed in Sweden.


4. Information for professionals on supporting children and families after a child has been abused


No abstract available.

Access full text:
1. The prevalence of child maltreatment in the Netherlands across a 5-year period


SUMMARY: The prevalence of child maltreatment in the Netherlands was in 2005 first systematically examined in the Netherlands' Prevalence study on Maltreatment of children and youth (NPM-2005), using sentinel reports and substantiated CPS cases, and in the Pupils on Abuse study (PoA-2005), using high school students' self-report. In this second National Prevalence study on Maltreatment (NPM-2010), we used the same three methods to examine the prevalence of child maltreatment in 2010, enabling a cross-time comparison of the prevalence of child maltreatment in the Netherlands. First, 1,127 professionals from various occupational branches (sentinels) reported each child for whom they suspected child maltreatment during a period of three months. Second, we included 22,661 substantiated cases reported in 2010 to the Dutch Child Protective Services. Third, 1,920 high school students aged 12-17 years filled out a questionnaire on their experiences of maltreatment in 2010. The overall prevalence of child maltreatment in the Netherlands in 2010 was 33.8 per 1,000 children based on the combined sentinel and CPS reports and 99.4 per 1,000 adolescents based on self-report. Major risk factors for child maltreatment were parental low education, immigrant status, unemployment, and single parenthood. We found a large increase in CPS-reports, whereas prevalence rates based on sentinel and self-report did not change between 2005 and 2010. Based on these findings a likely conclusion is that the actual number of maltreated children has not increased from 2005 to 2010, but that professionals have become more aware of child maltreatment, and more likely to report cases to CPS.


2. Parents’ physical victimization in childhood and current risk of child maltreatment: The mediator role of psychosomatic symptoms


OBJECTIVES: To test the potential mediation effect of psychosomatic symptoms on the relationship between parents' history of childhood physical victimization and current risk for child physical maltreatment.

METHODS: Data from the Portuguese National Representative Study of Psychosocial Context of Child Abuse and Neglect were used. Nine-hundred and twenty-four parents completed the Childhood History Questionnaire, the Psychosomatic Scale of the Brief Symptom Inventory, and the Child Abuse Potential Inventory.
RESULTS: Mediation analysis revealed that the total effect of the childhood physical victimization on child maltreatment risk was significant. The results showed that the direct effect from the parents' history of childhood physical victimization to their current maltreatment risk was still significant once parents’ psychosomatic symptoms were added to the model, indicating that the increase in psychosomatic symptomatology mediated in part the increase of parents' current child maltreatment risk.

DISCUSSION: The mediation analysis showed parents’ psychosomatic symptomatology as a causal pathway through which parents’ childhood history of physical victimization exerts its effect on increased of child maltreatment risk. Somatization-related alterations in stress and emotional regulation are discussed as potential theoretical explanation of our findings. A cumulative risk perspective is also discussed in order to elucidate about the mechanisms that contribute for the intergenerational continuity of child physical maltreatment.


3. Child maltreatment: the neurobiological aspects of posttraumatic stress disorder


SUMMARY: Childhood trauma due to physical abuse, neglect, or sexual abuse is a serious problem in the United States. Trauma can result in disruption or injury to the developing brain and lead to neurodevelopmental deficits that affect a child’s functioning and can result in lifelong problems. Research has provided insight into how early childhood maltreatment affects brain development. This article examines the research on trauma, its effects on the brain, and evidence-based interventions. An overview of normal brain functioning and posttraumatic stress disorder is presented. Implications for social work practice with children who have experienced child maltreatment are discussed.


Reviews / Guidelines

1. Behavioural consequences of child abuse


OBJECTIVES: To discuss the consequences of abuse on childhood behavioural development, to highlight some behavioural clues that might alert physicians to ongoing child abuse, and to explore the specific role of the family physician in this clinical situation.

SOURCES OF INFORMATION: A systematic search was used to review relevant research, clinical review articles, and child protection agency websites.

MAIN MESSAGE: A child's behaviour is an outward manifestation of inner stability and security. It is a lens through which the family...
physician can observe the development of the child throughout his or her life. All types of abuse are damaging to children-physically, emotionally, and psychologically-and can cause long-term difficulties with behaviour and mental health development. Family physicians need to be aware of and alert to the indicators of child abuse and neglect so that appropriate interventions can be provided to improve outcomes for those children.

CONCLUSION: Child abuse might cause disordered psychological development and behaviour problems. Family physicians have an important role in recognizing behaviour clues that suggest child abuse and in providing help to protect children.

Professional development

National

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

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

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

**Australian Childhood Foundation**

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

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

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

**Australian Institute for Family Studies (AIFS) – Seminar series**

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

*Events calendar:*

**Adult Survivors of Child Abuse (ASCA)**

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

*Website:*

*Workshops:*
Caraniche Training and Research

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

Website:

Training and research:

Centre for Community Child Health (CCCH)

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

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

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

Child Abuse Consultancy Education and Training (CACET)

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

Website:

Child Wise

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

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

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

Compass Seminars Australia

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

Website:  

Events calendar:  

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**ENCOMPASS - Family and Community**

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

Website:  

Training schedule:  

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

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

Website:  

Training and events calendar:  

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**In Safe Hands**

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

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

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

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

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**Mental Health Professionals Network**

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

Website:  

Webinars:  

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

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

**Website:**

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**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

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**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:**

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**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

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**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:**

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**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.
Website:
http://www.nspcc.org.uk/

Events calendar:  
http://www.nspcc.org.uk/inform/informhub_wda49931.html

NEARI Press

USA

For over 20 years, NEARI has been providing nationally recognized “cutting edge” work with seriously emotionally disturbed children and youth as well as providing “state of the art” resources about sexual abuse prevention. NEARI’s mission is to provide education and treatment services for emotionally disturbed, traumatized, neurologically challenged and learning disabled children and adolescents, and to create effective learning opportunities for the organizations, professionals and other adults who care about these children, youth and other at-risk populations. NEARI Press further organizes online trainings and free webinars.

Website:
http://www.nearipress.org/

Stop It Now! – Preventing Sexual Abuse of Children

USA

Stop It Now! aims to prevent the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed. Stop It Now! further offers (free) online training to help adults prevent child sexual abuse. Webinars help parents, professionals and all adults learn about the Stop It Now! approach and research, and about using online tools for prevention.

Website
http://www.stopitnow.org/

Past and current webinars:
http://www.stopitnow.org/training
Professional Interest

National

Australian Centre for the Study of Sexual Assault (ACSSA)

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

Website:

Australian Domestic & Family Violence Clearinghouse

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

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

Child Protection Special Interest Group – RACP

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

Website:

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

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

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

Institute of Child Protection Studies, Australian Catholic University

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)

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:

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:

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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:
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/

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**National Clearinghouse for Family Violence Canada**

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

Website:  

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:  
http://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/

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**Sexual Abuse Survivors Trust**

**NZ**

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

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

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**Sexual abuse of Males - Jim Hopper**

**USA**

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

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

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**Welsh Child Protection Systematic Review Group**

**UK**

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

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

### August/ September 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-24</td>
<td>Seminar Understanding the evidence on interpersonal violence programs and trauma informed services</td>
<td>Canberra ACT</td>
<td><a href="http://www.phau.net.au/42nd_Annual_Conference.php">http://www.phau.net.au/42nd_Annual_Conference.php</a></td>
</tr>
<tr>
<td>25-27</td>
<td>Conference National organisation for the treatment of sexual abusers conference</td>
<td>Cardiff UK</td>
<td><a href="http://www.nota.co.uk/conference-general.html">http://www.nota.co.uk/conference-general.html</a></td>
</tr>
</tbody>
</table>

### October 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Holistic approaches to young people who display harmful sexual behaviour</td>
<td>Birmingham UK</td>
<td><a href="http://www.communitycareconferences.co.uk/hsb2013">http://www.communitycareconferences.co.uk/hsb2013</a></td>
</tr>
</tbody>
</table>
References

32. Palfrey, N. and A. Harris, Supporting your child after abuse, 2013, Trauma and Grief Network.


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.