The Queensland Child Protection Information Network Newsletter

SEPTEMBER 2013
Introduction

The *Queensland Child Protection Information Network Newsletter* is a joint initiative of the Mater Children’s Hospital Child Protection Unit, the Southern Queensland Child Protection Clinical Network and the Strategic Policy Priority Area Unit of the System Policy and Performance Division, the 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).

Laura.koopmans2@mater.org.au
☎ (07) 3163 2359
**Table of Contents**

**Introduction** ................................................................................................................................... 2

**Access to links** ................................................................................................................................ 2

**Contact** ........................................................................................................................................... 2

**Research Update** ............................................................................................................................ 7

*Abusive Head Trauma* .......................................................................................................................... 7

1. Differential diagnosis of retinal haemorrhages .............................................................................. 7


3. Abusive head trauma and the eye in infancy ................................................................................. 8

*Child physical abuse* .......................................................................................................................... 8

1. Bruising in children who are assessed for suspected physical abuse ........................................... 8

2. Target-shaped edematous purple lesions: is it child abuse? .......................................................... 9

3. Screening contacts of physically abused children ......................................................................... 9

*Child sexual abuse* .............................................................................................................................. 9

1. Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand................................................................. 9

2. Pathway to hope: an indigenous approach to healing child sexual abuse .................................. 10

3. Historical perspectives on child sexual abuse, part 1 ................................................................. 11

4. Historical perspectives on child sexual abuse, part 2 .................................................................. 12

*Emotional abuse & neglect* ................................................................................................................ 12

*Prevention and interventions* ........................................................................................................... 12

1. First steps: study protocol for a randomized controlled trial of the effectiveness of the Group Family Nurse Partnership (gFNP) program compared to routine care in improving outcomes for high-risk mothers and their children and preventing abuse ....................................................... 12

2. Analytic versus systemic therapy for women with a history of child sexual abuse: 1-Year follow-up of a randomized controlled trial ..................................................................... 13

*Child protection professionals* ........................................................................................................ 14

1. Report shows school nurses are key in spotting signs of child abuse ......................................... 14

2. How do public child healthcare professionals and primary school teachers identify and handle child abuse cases? A qualitative study .......................................................................... 14

*Other* ................................................................................................................................................ 15

1. Perception and determination of child maltreatment: exploratory comparisons across three countries ......................................................................................................................... 15

2. Caregiver-fabricated illness in a child: a manifestation of child maltreatment .......................... 16

4. Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing...............................................................17

5. The association between childhood sexual and physical abuse with incident adult severe obesity across 13 years of the National Longitudinal Study of Adolescent Health ..........18

6. Child maltreatment and adult health in a national sample: Heterogeneous relational contexts, divergent effects? .................................................19

Reviews / Guidelines.................................................................................................................................20

1. What does the recent literature add to the identification and investigation of fractures in child abuse: an overview of review updates 2005–2013 ........................................20

Professional development ........................................................................................................................22

National..........................................................................................................................................................22

Australian Child & Adolescent Trauma, Loss & Grief Network........................................................22

Australian Childhood Foundation ............................................................................................................22

Australian Institute for Family Studies (AIFS) – Seminar series ................................................................22

Adult Survivors of Child Abuse (ASCA) .................................................................................................22

Caraniche Training and Research ........................................................................................................23

Centre for Community Child Health (CCCH) ....................................................................................23

Child Abuse Consultancy Education and Training (CACET) ...............................................................23

Child Wise ..................................................................................................................................................23

Compass Seminars Australia ................................................................................................................23

Education Centre Against Violence (ECAV) NSW Health .................................................................23

ENCOMPASS - Family and Community ..............................................................................................24

Family and Relationship Services Australia (FRSA) ........................................................................24

In Safe Hands .............................................................................................................................................24

Mental Health Professionals Network ...................................................................................................24

National Guide to Training Programs in Psychotherapy and Counseling ........................................24

Relationships Australia..........................................................................................................................25

Secretariat of National Aboriginal and Islands Child Care .................................................................25

Signs of Safety (resolutions consultancy) ..............................................................................................25

Training.gov.au (TGA) ..........................................................................................................................25

International..............................................................................................................................................25

The American Professional Society on the Abuse of Children (APSAC) ............................................25

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) ........26

Chadwick Center for Child and Families ..............................................................................................26

International Society for Prevention of Child Abuse and Neglect (ISPCAN) ..................................26
NEARI Press ........................................................................................................................................ 27
Stop It Now! – Preventing Sexual Abuse of Children ........................................................................ 27

Professional Interest ......................................................................................................................... 28

National............................................................................................................................................. 28

Australian Centre for the Study of Sexual Assault (ACSSA) .............................................................. 28
Australian Domestic & Family Violence Clearinghouse ................................................................. 28
Child Protection Special Interest Group – RACP .............................................................................. 28
Commission for Children and Young People and Child Guardian (CCYPCG) ................................ 28
Institute of Child Protection Studies, Australian Catholic University ............................................ 29
National Association for the Prevention of Child Abuse and Neglect (NAPCAN) ..................... 29
National Child Protection Clearing House (NCPCH) .................................................................... 29
Protecting Australia’s Children: Research and Evaluation Register ................................................ 29

International .................................................................................................................................... 29

California Evidence Based Clearinghouse (CEBC) ........................................................................ 29
Child Protection Special Interest Group – BACCH & RCPCH ......................................................... 30
Child and Woman Abuse Studies Unit ............................................................................................. 30
CORE INFO .................................................................................................................................... 30
Division of Violence Prevention, Centers for Disease Control and Prevention (CDC) ............... 30
DynaMed .......................................................................................................................................... 31
FirstConsult ...................................................................................................................................... 31
Institute on Violence, Abuse and Trauma (IVAT) .............................................................................. 31
Minnesota Center Against Violence and Abuse (MINCAVA) ........................................................ 31
National Clearinghouse for Family Violence Canada ..................................................................... 31
National Sexual Violence Resource Center (NSVRC) ................................................................. 32
National Criminal Justice Reference Services .................................................................................. 32
New Zealand Family Violence Clearinghouse ................................................................................ 32
PediatricRadiology.com .................................................................................................................... 32
Sexual Abuse Survivors Trust ......................................................................................................... 33
Sexual abuse of Males - Jim Hopper ............................................................................................... 33
Welsh Child Protection Systematic Review Group .......................................................................... 33

Events ............................................................................................................................................... 34

October 2013 ...................................................................................................................................... 34
November 2013 .................................................................................................................................. 34
Research Update

Abusive Head Trauma

1. Differential diagnosis of retinal haemorrhages
   No abstract available.


BACKGROUND: Serious physical abuse resulting in a traumatic brain injury (TBI) has been implicated as an underreported cause of infant mortality. Nearly 80% of all abusive head trauma (AHT) occurs among children <2 years of age, with infants experiencing an incidence nearly 8 times that of 2-year olds.

OBJECTIVES: This study describes the validation of the CDC Paediatric Abusive Head Trauma (PAHT) definitions when applied to a multi-source database at the state level and provides a robust annual incidence estimate of AHT among children <2 years of age in Alaska.

DESIGN: AHT cases among children residing in Alaska during 2005-2010 were identified by applying the PAHT coding schema to a multi-source database which included vital death records, the Violent Death Reporting System (AK-VDRS), the Maternal Infant Mortality Review - Child Death Review (MIMR-CDR), the Alaska Trauma Registry (ATR), the inpatient Hospital Discharge Database (HDD) and Medicaid claims. Using these data, we calculated statewide AHT annual incidence rates.

RESULTS: The databases with the highest case capture rates were the ATR and Medicaid systems, both at 51%, followed by HDD at 38%. Combined, the ATR, HDD and Medicaid systems captured 91% of all AHT cases. The linkage and use of the PAHT definitions yielded an estimated sensitivity of 91% and specificity of 98%. During the study period, we detected an annual average incidence of 34.4 cases per 100,000 children aged <2 years (95% CI 25.1, 46.1) and a case fatality proportion of 22% (10/45). Among the AHT cases, 82% were infants. Significant differences (p < 0.05) in AHT were noted by age and race, but not by sex.

CONCLUSIONS: In Alaska, applying the CDC PAHT definition to the multi-source database enabled us to capture 49% more AHT cases than any of the individual database used in this analysis alone.

Access full text:
3. Abusive head trauma and the eye in infancy

No abstract available.

Child physical abuse

1. Bruising in children who are assessed for suspected physical abuse

OBJECTIVE: To describe the characteristics of bruising and mode of presentation of children referred to the paediatric child protection team with suspected physical abuse (PA), and the extent to which these differ between the children where abuse was confirmed and those where it was excluded.

DESIGN: Cross-sectional study.

SETTING AND PATIENTS: 519 children, <6 years, referred to two paediatric child protection teams.

MAIN OUTCOME MEASURES: The mode of presentation, number, anatomical distribution, size and appearance of bruises according to whether PA was confirmed or excluded. ORs with 95% CI were calculated where relevant.

RESULTS: PA was confirmed in 69% of children; the rate varied from 84% when abuse was witnessed, admitted, alleged or where explanation for injury was absent or implausible, to 50% where there was a concerning history. Significantly more children with PA had bruises (89.4%) than PA-excluded (69.9%) and had significantly more sites affected (p<0.001). The odds of a PA child having bruising to: buttocks/genitalia (OR 10.9 (CI 2.6 to 46), left ear (OR 7.10 (CI 2.2 to 23.4), cheeks (Left (OR 5.20 (CI 2.5 to 10.7), Right OR 2.83 (CI 1.5 to 5.4)), neck (OR 3.77 (CI 1.3 to 10.9), trunk (back (OR 2.85 (CI 1.6 to 5.0) front (OR 4.74 (CI 2.2 to 10.2), front of thighs (OR2.48 (CI 1.4 to 4.5) or upper arms (OR 1.90 (CI 1.1 to 3.2) were significantly greater than in children with PA-excluded. Petechiae, linear or bruises with distinct pattern, bruises in clusters, additional injuries or a child known to social services for previous child abuse concerns were significantly more likely in PA.

CONCLUSIONS: Features in the presenting history, the extent and pattern of bruising differed between children with confirmed PA and those where abuse was excluded. These findings can provide a deeper understanding of bruising sustained from PA.

Access full text:
http://adc.bmj.com/content/early/2013/09/16/archdischild-2013-304339.full.pdf+html
2. Target-shaped edematous purple lesions: is it child abuse?

No abstract available.

Access full text:
http://adc.bmj.com/content/early/2013/09/03/archdischild‐2013‐304874.full.pdf+html

3. Screening contacts of physically abused children

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

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

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

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


Child sexual abuse

1. Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand

OBJECTIVES: Childhood sexual abuse (CSA) has been associated with many adverse medical, psychological, behavioural and socioeconomic outcomes in adulthood. This study aims to examine the linkages between CSA and a wide range of developmental outcomes over a protracted time period to age 30.
METHODS: Data from over 900 members of the New Zealand birth cohort the Christchurch Health and Development Study were examined. CSA prior to age 16 was assessed at ages 18 and 21 years, in addition to: mental health, psychological wellbeing, sexual risk-taking behaviours, physical health and socioeconomic outcomes to age 30.

RESULTS: After statistical adjustment for confounding by 10 covariates spanning socio-demographic, family functioning and child factors, extent of exposure to CSA was associated with increased rates of (B, SE, p): major depression (0.426, 0.094, <.001); anxiety disorder (0.364, 0.089, <.001); suicidal ideation (0.395, 0.089, <.001); suicide attempt (1.863, 0.403, <.001); alcohol dependence (0.374, 0.118, <.002); and illicit drug dependence (0.425, 0.113, <.001). In addition, at age 30 CSA was associated with higher rates of PTSD symptoms (0.120, 0.051, .017); decreased self-esteem (-0.371, 0.181, .041); and decreased life satisfaction (-0.510, 0.189, .007). Childhood sexual abuse was also associated with decreased age of onset of sexual activity (-0.381, 0.091, <.001), increased number of sexual partners (0.175, 0.035, <.001); increased medical contacts for physical health problems (0.105, 0.023, <.001); and welfare dependence (0.310, 0.099, .002). Effect sizes (Cohen’s d) for the significant outcomes from all domains ranged from .14 to .53, while the attributable risks for the mental health outcomes ranged from 5.7% to 16.6%.

CONCLUSIONS: CSA is a traumatic childhood life event in which the negative consequences increase with increasing severity of abuse. CSA adversely influences a number of adult developmental outcomes that span: mental disorders, psychological wellbeing, sexual risk-taking, physical health and socioeconomic wellbeing. While the individual effect sizes for CSA typically range from small to moderate, it is clear that accumulative adverse effects on adult developmental outcomes are substantial.


2. Pathway to hope: an indigenous approach to healing child sexual abuse

BACKGROUND: The Alaska Native (AN) population has endured multiple historical traumatic events. This population has poorer health outcomes on nearly all factors compared with Alaska non-Natives with more than 75% reportedly being physically assaulted in their lifetime, and child sexual abuse nearly 6 times the national average.

OBJECTIVES: This article describes the Pathway to Hope (PTH) program, which is an indigenous approach to ending silence and denial related to child sexual abuse and encourages multigenerational healing.
DESIGN: PTH was developed by ANs who believe that each community is unique, thus strategies for ending denial and support for healing must be woven from the historical context, cultural strengths of individual communities. Strengths-based solutions built on truth, honesty, compassion and shared responsibility for healing and protecting today’s children have been profound and successful. The PTH curriculum addresses child sexual abuse from a historical perspective; that the higher rates of sexual abuse among certain Tribes, regions and communities is linked in part to years of victimisation, but may also be perpetuated by internalised oppression and lateral violence among Tribal members.

RESULTS: Data suggest that community-based dialogue and wisdom of Native elders and spiritual leaders paired with readiness of community service providers are necessary for sustained change. At all levels, this Indigenous model for learning, sharing, helping and healing brings hope for an end to denial and silence about child sexual abuse for Native people.

CONCLUSION: The PTH program utilises the wisdom and values that have sustained Native people for generations. Ending silence and denial about child sexual abuse and building upon strengths have assisted many Indigenous communities begin the journey toward wellness. Through the PTH, communities have taken steps to accept the challenges associated with establishing safety for children, supporting child victims in healing and to holding offenders accountable.

Access full text:

3. Historical perspectives on child sexual abuse, part 1

SUMMARY: This article reviews histories of child sexual abuse in Australia. While it is national in its focus, the historical problems, methods, and approaches explored here resonate globally, especially in the Anglosphere. Given the transnational dimensions of sex and gender politics, child welfare and protection, and the development of common law, any local historiographic survey is best located within the international context. This article argues that defining and interpreting sex with children is a significant problem in the historical literature. The cleavage between constructions of innocence and paradigms of abuse remains prominent in contemporary scholarship, although assimilating these schools of thought is neither feasible nor fruitful. The first part of this article explores the feminist rediscovery of child sexual abuse in the late twentieth century, considering the extent to which the problem had been earlier erased from the public domain. Paying particular attention to law and socio-legal histories, it investigates
definitional problems around children and crime, and examines how the criminal justice system and media have been used to recover histories of abuse.


4. Historical perspectives on child sexual abuse, part 2

SUMMARY: The second part of this article explores some of the topics of inquiry that have preoccupied scholars of child sexual abuse. It begins with feminist considerations of incest and the age of consent before providing a brief historiographical overview of the concept of moral panic as it pertains to offenders and, to a lesser degree, the sexuality of young people. A significant focus is childhood sexuality, including scholarly treatment of juvenile delinquency, and paedophilia, and homosexuality, as well as assumptions underpinning concepts of harm. It concludes by addressing history's potential to inform public debate, including the deliberations of commissions and inquiries before reflecting on the methods, approaches and problems in the field.


---

Emotional abuse & neglect

No papers identified.

Prevention and interventions

1. First steps: study protocol for a randomized controlled trial of the effectiveness of the Group Family Nurse Partnership (gFNP) program compared to routine care in improving outcomes for high-risk mothers and their children and preventing abuse

BACKGROUND: Evidence from the USA suggests that the home-based Family Nurse Partnership program (FNP), extending from early pregnancy until infants are 24 months, can reduce the risk of child abuse and neglect throughout childhood. FNP is now widely available in the UK. A new variant, Group Family Nurse Partnership (gFNP) offers similar content but in a group context and for a shorter time, until infants are 12 months old. Each group comprises 8 to 12 women with similar expected delivery dates and their partners. Its implementation has been established but there is no evidence of its effectiveness.

METHODS & DESIGN: The study comprises a multi-site randomized controlled trial designed to identify the benefits of gFNP.
compared to standard care. Participants (not eligible for FNP) must be either aged < 20 years at their last menstrual period (LMP) with one or more previous live births, or aged 20 to 24 at LMP with low educational qualifications and no previous live births. ‘Low educational qualifications’ is defined as not having both Maths and English Language GCSE at grade C or higher or, if they have both, no more than four in total at grade C or higher. Exclusions are: under 20 years and previously received home-based FNP and, in either age group, severe psychotic mental illness or not able to communicate in English. Consenting women are randomly allocated (minimized by site and maternal age group) when between 10 and 16 weeks pregnant to either to the 44 session gFNP program or to standard care after the collection of baseline information. Researchers are blind to group assignment.

RESULTS: The primary outcomes at 12 months are child abuse potential based on the revised Adult-Adolescent Parenting Inventory and parent/infant interaction coded using the CARE Index based on a video-taped interaction. Secondary outcomes are maternal depression, parenting stress, health related quality of life, social support, and use of services.

DISCUSSION: This is the first study of the effectiveness of gFNP in the UK. Results should inform decision-making about its delivery alongside universal services, potentially enabling a wider range of families to benefit from the FNP curriculum and approach to supporting parenting.

Access full text:

2. Analytic versus systemic group therapy for women with a history of child sexual abuse: 1-Year follow-up of a randomized controlled trial


OBJECTIVES: This randomized prospective study examines durability of improvement in general symptomatology, psychosocial functioning and interpersonal problems, and compares the long-term efficacy of analytic and systemic group psychotherapy in women 1 year after completion of treatment for childhood sexual abuse.

DESIGN AND METHODS: Women (n = 106) randomly assigned to analytic or systemic psychotherapy completed the Symptom Checklist-90-R, Global Assessment of Functioning, Global Life Quality, Registration Chart Questionnaire, and Flashback Registration at pre-treatment, post-treatment, and at a 1-year follow-up.

RESULTS: Post-treatment gains were significant for both treatment modalities on all measures, but significantly larger after systemic therapy. Significant treatment response was maintained 1-year post-
treatment, but different trajectories were observed: 1 year after treatment completion, improvements for analytic therapy were maintained, whereas they decreased after systemic therapy, resulting in no statistically significant difference in gains between the groups at the 1-year follow-up. Despite maintaining significant gains, more than half of the patients remained above cut-off for caseness concerning general symptomatology at post-treatment and at 1-year follow-up. CONCLUSION: The findings stress the importance of long-term follow-up data in effect studies. Different trajectories were associated with the two treatments, but improvement in the two treatment groups did not differ significantly at the 1-year follow-up. Implications of the difference in trajectories for treatment planning are discussed. PRACTITIONER POINTS: Both analytic and systemic group therapy proved efficient in improving general symptomatology, psychosocial functioning, and interpersonal problems in women with a history of CSA and gains were maintained at a 1-year follow-up. Despite maintaining statistically significant gains at the 1-year follow-up, 54% of the patients remained above the cut-off for caseness with respect to general symptomatology, which may indicate a need for further treatment. Different pre-post follow-up treatment trajectories were observed between the two treatment modalities. Thus, while systemic group therapy showed a significantly better outcome immediately after termination, gains in the systemic treatment group decreased during follow-up, while gains were maintained during follow-up in analytic group therapy. 


Child protection professionals

1. Report shows school nurses are key in spotting signs of child abuse


SUMMARY: School nurses play a vital role in identifying victims of child sexual exploitation because young people feel they can confide in them, according to a safeguarding charity. 


2. How do public child healthcare professionals and primary school teachers identify and handle child abuse cases? A qualitative study


BACKGROUND: Public child healthcare doctors and nurses, and primary school teachers play a pivotal role in the detection and reporting of child abuse, because they encounter almost all children in the population during their daily work. However, they report relatively few cases of suspected child abuse to child protective agencies. The aim of this qualitative study was to investigate Dutch
frontline workers' child abuse detection and reporting behaviours.

METHODS: Focus group interviews were held among 16 primary school teachers and 17 public health nurses and physicians. The interviews were audio recorded, transcribed, and thematically analysed according to factors of the Integrated Change model, such as knowledge, attitude, self-efficacy, skills, social influences and barriers influencing detection and reporting of child abuse.

RESULTS: Findings showed that although both groups of professionals are aware of child abuse signs and risks, they are also lacking specific knowledge. The most salient differences between the two professional groups are related to attitude and (communication) skills.

CONCLUSION: The results suggest that frontline workers are in need of supportive tools in the child abuse detection and reporting process. On the basis of our findings, directions for improvement of child abuse detection and reporting are discussed.

Access full text:

1. Perception and determination of child maltreatment: exploratory comparisons across three countries

OBJECTIVES: Little is known about perception and determination of child maltreatment across countries. Although differences in perception and determination of maltreatment across regions of a single country are well documented, comparative knowledge across countries remains sparse. This internet survey examined perception of abusive behaviours and factors considered important in determining maltreatment in three countries (i.e., the United States, Ghana, and Nigeria).

METHODS: Forty-five abusive behaviours comprising physical, sexual, and emotional abuse, child neglect, and child labour, as well as 13 factors considered important in determining maltreatment, were examined among a convenience sample of 327 respondents in the United States, Ghana, and Nigeria. Respondents were recruited within and outside universities in the three countries and links to the survey were sent to respondents who are nonstudents.

RESULTS: With all the countries combined, consensus was high for 15 of the 45 abusive behaviours, although levels of consensus and perceptions varied by country and race.
Consensus was high for all of the abusive behaviours among respondents in the United States, 36 of the abusive behaviours among respondents in Ghana, and none of the abusive behaviours among respondents in Nigeria. Respondents who are White/Caucasian were significantly more likely to perceive 5 of the behaviours as abuse than respondents who are Black/non-Caucasian. Similarly, factors considered important in determining maltreatment differed by country and race. Respondents in the United States and Ghana were more likely to consider 9 of the 13 factors important in determining maltreatment compared to respondents in Nigeria. Also, Caucasians/Whites were more likely to consider 6 of the 13 factors important in determining maltreatment compared to Blacks/non-Caucasians.

CONCLUSION: Despite racial and regional differences, there are indications that cross-cultural consensus on perception and determination of abusive behaviours is possible. Understanding differences in socio-cultural experiences may help bridge the current gaps in cross-cultural consensus on perception and determination of abusive behaviours.


2. Caregiver-fabricated illness in a child: a manifestation of child maltreatment


SUMMARY: Caregiver-fabricated illness in a child is a form of child maltreatment caused by a caregiver who falsifies and/or induces a child's illness, leading to unnecessary and potentially harmful medical investigations and/or treatment. This condition can result in significant morbidity and mortality. Although caregiver-fabricated illness in a child has been widely known as Munchausen syndrome by proxy, there is ongoing discussion about alternative names, including paediatric condition falsification, factitious disorder (illness) by proxy, child abuse in the medical setting, and medical child abuse. Because it is a relatively uncommon form of maltreatment, paediatricians need to have a high index of suspicion when faced with a persistent or recurrent illness that cannot be explained and that results in multiple medical procedures or when there are discrepancies between the history, physical examination, and health of a child. This report updates the previous clinical report "Beyond Munchausen Syndrome by Proxy: Identification and Treatment of Child Abuse in the Medical Setting: " The authors discuss the need to agree on appropriate terminology, provide an update on published reports of new manifestations of fabricated
medical conditions, and discuss approaches to assessment, diagnosis, and management, including how best to protect the child from further harm.

Access full text: 
http://pediatrics.aappublications.org/content/132/3/590.full.pdf+html


BACKGROUND: Children often enter a child-care system (e.g., orphanage, foster care, child welfare system) because of unfavourable circumstances (e.g., maternal alcohol and/or drug problems, child abuse/neglect). Such circumstances increase the odds of prenatal alcohol exposure, and thus this population can be regarded as high risk for fetal alcohol spectrum disorders (FASD). The primary objective was to estimate a pooled prevalence for fetal alcohol syndrome (FAS) and FASD in various child-care systems based on data from existing studies that used an active case ascertainment method.

METHODS: A systematic literature review, using multiple electronic bibliographic databases, and meta-analysis of internationally published and unpublished studies that reported the prevalence of FAS and/or FASD in all types of child-care systems were conducted. The pooled prevalence estimates and 95% confidence intervals (CIs) were calculated by using the Mantel-Haenszel method, assuming a random effects model. Sensitivity analyses were performed for studies that used either passive surveillance or mixed methods.

RESULTS: On the basis of studies that used active case ascertainment, the overall pooled prevalence of FAS and FASD among children and youth in the care of a child-care system was calculated to be 6.0% (60 per 1000; 95% CI: 38 to 85 per 1000) and 16.9% (169 per 1000; 95% CI: 109 to 238 per 1000), respectively.

CONCLUSION: The results confirm that children and youth housed in or under the guardianship of the wide range of child-care systems constitute a population that is high-risk for FASD. It is imperative that screening be implemented in these at-risk populations.

4. Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing
Mc Elroy, S. and D. Hevey Child Abuse Negl Ahead of print [Epub 06/09/2013].

SUMMARY: The study examined a diathesis stress model of the relationship between adverse child experiences (ACEs), stressors and psychosocial resources to explore their relationship with wellbeing. A cross sectional study was conducted across two mental health and addiction treatment centres. 176 individuals were interviewed using a demographics form, SCID-DSM-IV (First,
Spitzer, Gibbon, & Williams, 2002), Child Trauma Questionnaire (Bernstein & Fink, 1998), NEO-Five Factor Inventory (Costa & McCrae, 1992), Trait Emotional Intelligence Questionnaire (Petrides, 2009), The Coping, Inventory for Stressful Situations (CISS) (Endler & Parker, 1990), Recent Life Events Questionnaire (Department of Health, 1985) and perceived social support from family, friends and religion. Multiple, regressions and correlations were used to analyse the data. All early experiences, except physical, abuse and death of a parent in childhood, were significantly correlated with increased number of, stressors and lower wellbeing scores. This is possibly because of sample specific issues. Number of stressors partially mediated the relationship between ACEs and wellbeing. Increased number of ACEs was related to higher neuroticism and emotion-focused coping and lower conscientiousness, agreeableness, trait emotional intelligence and task coping scores. These resources were significantly related to increased stressors and lower wellbeing. Distraction and emotion coping significantly moderated the relationship between number of stressors and wellbeing. These findings support the diathesis stress model and indicate that there are significant relationships between ACEs, psychosocial, resources, stressors and wellbeing. Recommendations to improve wellbeing are discussed.

http://www.sciencedirect.com/science/article/pii/S0145213413002123

5. The association between childhood sexual and physical abuse with incident adult severe obesity across 13 years of the National Longitudinal Study of Adolescent Health


BACKGROUND: What is already known about this subject * Severe obesity prevalence in adults has close to doubled from the 1990s to 2010 and is expected to double again by 2030. * Over 3million reports of child maltreatment were received by child protective services in 2008. While clinic and population-based studies have found high rates of adult psychological distress among severely obese individuals, little is known about how the experience of abuse during childhood relates to the risk of severe obesity later in life. What this study adds. Using data from a nationally representative, longitudinal study, we found that incidence rates and 13-year risk of developing severe obesity in adulthood varied by abuse type. We found significantly higher risk of incident severe obesity in non-minority females and males who experienced the combined occurrence of sexual and physical abuse during childhood, relative to individuals with no history of abuse. In addition to other social and emotional risks, exposure to sexual and physical abuse during childhood may
increase risk of severe obesity later in life. Background Severe obesity has increased, yet childhood antecedents of adult severe obesity are not well understood. Objective Estimate adult-onset severe obesity risk in individuals with history of childhood physical and/or sexual abuse compared with those who did not report abuse.

METHODS: Longitudinal analysis of participants from the US National Longitudinal Study of Adolescent Health (n=10,774) wave II (1996; aged 12–22 years) followed through wave IV (2008–2009; aged 24–34 years). New cases of adult-onset severe obesity (body mass index [BMI] ≥40 kg/m² using measured height and weight) in individuals followed over 13 years who were not severely obese during adolescence (BMI <120% of 95th percentile Centres for Disease Control and Prevention National Centre for Health Statistics growth curves).

RESULTS: The combined occurrence of self-reported sexual and physical abuse during childhood was associated with an increased risk of incident severe obesity in adulthood in non-minority females (hazard ratio [HR; 95% Confidence Interval] = 2.5; 1.3, 4.8) and males (HR= 3.6; 1.5, 8.5) compared with individuals with no history of abuse.

CONCLUSION: In addition to other social and emotional risks, exposure to sexual and physical abuse during childhood may increase risk of severe obesity later in life. Consideration of the confluence of childhood abuse might be considered as part of preventive and therapeutic approaches to address severe obesity.

http://onlinelibrary.wiley.com/doi/10.1111/j.2047-6110.2013.00196.x/abstract?systemMessage=WileyOnlineLibrary will be unavailable for approximately 8 hours between 09%3A00h EDT and 14%3A00h EDT on Saturday 28 September 2013 as we make upgrades to improve our service. For you. There will also be some delay to online publishing between 25 September and 28 September 2013 as we make upgrades to improve our service. Thank you for your patience. Thank you for using Wiley Online Library.

6. Child maltreatment and adult health in a national sample: Heterogeneous relational contexts, divergent effects?


OBJECTIVES: This study considers the long-term health consequences of child maltreatment. Distinct from previous research, we examine the effects of maltreatment in the context of more general parental evaluations.

METHODS: Analyses used retrospective and current data from the Midlife Development in the United States (MIDUS) study.

RESULTS: A considerable proportion of middle- and older-age adults who experienced frequent maltreatment nevertheless evaluated the relationship with their offending parent as "excellent", "very good", or "good" (e.g., 47% for physical and emotional maltreatment by mothers). Maltreated respondents generally evaluated their maltreating parents less favourably than non-maltreating parents, but there was considerable variation in these recalled
relationships. Adults who experienced child maltreatment reported a greater number of chronic medical conditions and physical symptoms and lower self-rated health, but effects were smaller when they had positive relationships with their parents than when one or more of the relationships was perceived as negative.

CONCLUSION: These findings highlight a common and seemingly paradoxical pattern among MIDUS participants: the co-presence of harsh parental behaviour and positive recollections of parental relationships during childhood. Moreover, these surprising patterns of retrospective interpretation predict very different experiences of adult health - health problems are most pronounced among maltreatment in cases where the respondent had a generally negative relationship with one or more of his or her parents.


Reviews / Guidelines

1. What does the recent literature add to the identification and investigation of fractures in child abuse: an overview of review updates 2005–2013


BACKGROUND: Fractures are a manifestation of physical abuse and common accidental injuries. Distinguishing which fractures are indicative of abuse and optimizing the identification of occult fractures are the challenges.

OBJECTIVES: To identify additional studies published since our original systematic reviews to address these two issues.

METHODS: An all-language literature search of 14 databases was conducted for the years 2005–2013, using revised keywords. All studies underwent standardized critical appraisal by two independent reviewers, applying quality criteria relating to the confirmation of child abuse, exclusion of abuse and quality of skeletal survey conducted. A meta-analysis, stratified by age, was conducted to determine the predictive value for abuse of specific fractures by fitting a random effects model.

RESULTS: Twenty-three studies addressed ‘radiological investigations’, and nine studies ‘fractures indicative of abuse’. Radiological studies reiterated that a single investigation (skeletal survey or radionuclide imaging) will miss some abusive fractures; in 8.4–37.6% of children, the repeat skeletal survey added new information that influenced the child protection procedures. Debate continues as to the optimal images to include in the repeat skeletal survey. A meta-analysis of femoral and humeral fractures by age highlighted that children younger than 18 months are significantly more likely to have sustained
their fracture as a consequence of abuse, than those aged 1–4 years.

CONCLUSION: Recent literature validates the original conclusions that repeat skeletal imaging adds important information on fractures. Comparative studies of femoral, humeral, rib and skull fractures enabled a meta-analysis by age, however further comparative studies are needed.

*Access full text:*
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:  

Signs of Safety (resolutions consultancy)

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

Website:  
http://www.signsofsafety.net/home

Events calendar:  
http://www.signsofsafety.net/calendar

Training.gov.au (TGA)

TGA is a database on Vocational Education and Training in Australia. It is the official National Register of information on Training Packages, Qualifications, Courses, Units of Competency and Registered Training Organizations (RTOs) and has been developed for experienced training sector users.

Website:  

International

The American Professional Society on the Abuse of Children (APSAC)

USA

The American Professional Society on the Abuse of Children is a national organization whose mission is to enhance the ability of professionals to respond to children and families affected by abuse and violence. APSAC tries to fulfil this mission in a number of ways, most notably through providing education and other sources of information to
professionals who work in the child maltreatment and related fields.

Website:
http://www.apsac.org/

Events calendar:
http://www.apsac.org/events

---

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

UK

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

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

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

---

Chadwick Center for Child and Families

USA

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

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

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

---

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

USA

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

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

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

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

---


UK

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

---

**DynaMed**

DynaMed is a clinical reference tool created by physicians for physicians and other health care professionals for use at the point-of-care. With clinically-organized summaries for more than 3,200 topics, DynaMed provides the latest content and resources with validity, relevance and convenience.

**Access DynaMed:**

---

**FirstConsult**

FirstConsult leverages evidence-based medical information to deliver answers that are trusted, quick, and accessible anytime, anywhere. Content is subject to rigorous oversight by expert peer reviewers, a renowned editorial board, physician editors, and the Editor-in-Chief.

**Access First Consult:**

---

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

**USA**

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

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

---

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

**USA**

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

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

---

**National Clearinghouse for Family Violence Canada**

**USA**

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

---

**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 Trust (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

### October 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-2 Oct</td>
<td>Conference</td>
<td>International youth mental health conference</td>
<td>Brighton, UK</td>
</tr>
<tr>
<td>6-9 Oct</td>
<td>Conference</td>
<td>8th ISPCAN Latin American International Conference on Child Abuse and Neglect</td>
<td>Viña del Mar, CHILE</td>
</tr>
<tr>
<td>7-9 Oct</td>
<td>Conference</td>
<td>Children in crisis conference</td>
<td>Sydney, NSW</td>
</tr>
<tr>
<td>8-12 Oct</td>
<td>Conference</td>
<td>Australian psychological society annual conference</td>
<td>Cairns, QLD</td>
</tr>
<tr>
<td>9 Oct</td>
<td>Conference</td>
<td>Holistic approaches to young people who display harmful sexual behaviour</td>
<td>Birmingham, UK</td>
</tr>
<tr>
<td>10-11 Oct</td>
<td>Conference</td>
<td>The good childhood conference</td>
<td>Mooney Valley, VIC</td>
</tr>
<tr>
<td>14-16 Oct</td>
<td>Conference</td>
<td>Australian rural and remote mental health symposium</td>
<td>Geelong, VIC</td>
</tr>
<tr>
<td>14-17 Oct</td>
<td>Conference</td>
<td>Sexual violence research initiative forum</td>
<td>Bankok, THAILAND</td>
</tr>
<tr>
<td>16-18 Oct</td>
<td>Conference</td>
<td>National allied health conference</td>
<td>Brisbane, QLD</td>
</tr>
<tr>
<td>25-26 Oct</td>
<td>Conference</td>
<td>National Indigenous women’s health forum</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>30-2 Nov</td>
<td>Conference</td>
<td>Infant and early childhood social and emotional wellbeing conference</td>
<td>Canberra, ACT</td>
</tr>
<tr>
<td>31-1 Nov</td>
<td>Conference</td>
<td>34th Australian family therapy conference</td>
<td>Brisbane, QLD</td>
</tr>
</tbody>
</table>

### November 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 Nov</td>
<td>Conference</td>
<td>Family relationships services Australia conference</td>
<td>Canberra, ACT</td>
</tr>
<tr>
<td>10-13 Nov</td>
<td>Conference</td>
<td>Protection children: new solutions to old problems</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>10-13 Nov</td>
<td>Conference</td>
<td>13th Australasian conference on child abuse and neglect</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>13-14 Nov</td>
<td>Conference</td>
<td>Growing up in Australia and foot prints in time. LSAC and LSIC Research Conference 2013</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>13-15 Nov</td>
<td>Conference</td>
<td>National youth health conference</td>
<td>Perth, WA</td>
</tr>
<tr>
<td>14-15 Nov</td>
<td>Workshop</td>
<td>Fathers, domestic violence and child maltreatment</td>
<td>Melbourne, VIC</td>
</tr>
<tr>
<td>14-15 Nov</td>
<td>Conference</td>
<td>Australian rural and remote mental health conference</td>
<td>Geelong, VIC</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>15-16</td>
<td>Honouring the child, honouring equity</td>
<td>Melbourne VIC</td>
<td></td>
</tr>
<tr>
<td>27-29</td>
<td>Australasian ethics network conference</td>
<td>Fremantle WA</td>
<td></td>
</tr>
</tbody>
</table>
References


10. Craissati, J., Treatment for sexual offenders against children: progress has been hampered by weak research design, poorly evidenced beliefs, and moral concerns. BMJ, 2013. 347: p. f5397. **Full text:** http://www.bmj.com/content/347/bmj.f5397.pdf%2Bhtml


42. Watts, P., et al., *Abusive head trauma and the eye in infancy*. Eye (Lond). *Ahead of print* [Epub 31/08/2013].


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.