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.

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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. Retinal haemorrhage and brain injury patterns on diffusion-weighted magnetic resonance imaging in children with head trauma


PURPOSE: To evaluate associations between retinal haemorrhage severity and hypoxic-ischemic brain injury (HII) patterns by diffusion-weighted magnetic resonance imaging (DW-MRI) in young children with head trauma.

METHODS: DW-MRI images of a consecutive cohort study of children under age 3 years with inflicted or accidental head trauma who had eye examinations were analysed by two independent masked examiners for type, severity, and location of primary lesions attributable to trauma, HII secondary to trauma, and mixed injury patterns. Retinal haemorrhage was graded retrospectively on a scale from 1 (none) to 5 (severe).

RESULTS: Retinal haemorrhage score was 3-5 in 6 of 7 patients with predominantly post-traumatic HII pattern and 4 of 32 who had traumatic injury without HII (P < 0.001) on DW-MRI imaging. Severe retinal haemorrhage was observed in absence of HII but only in inflicted injury. Retinal haemorrhage severity was correlated with HII severity (rho = 0.53, \( P < 0.001 \)) but not traumatic injury severity (rho = -0.10, \( P = 0.50 \)). HII severity was associated with retinal haemorrhage score 3-5 (\( P = 0.01 \)), but traumatic injury severity was not (\( P = 0.37 \)).

CONCLUSION: During inflicted head injury, a distinct type of trauma occurs causing more global brain injury with HII and more severe retinal haemorrhages. HII is not a necessary factor for severe retinal haemorrhage to develop from inflicted trauma.


2. International collaboration on prevention of shaken baby syndrome - an ongoing project/intervention


SUMMARY: Caring for young infants can be stressful. Non-accidental brain or head injury (shaken baby syndrome) is a result of parental stress, and a lack of knowledge of how to respond to a crying infant and the dangers of shaking a child. This article demonstrates the value of international collaboration in projects to prevent child maltreatment. It includes reports of prevention of shaken baby syndrome programmes in Australia, Hungary, Greece, Brazil and Turkey.

3. Base deficit correlates with mortality in pediatric abusive head trauma.

BACKGROUND: Children suffering from abusive head trauma (AHT) have worse outcomes compared to non-AHT, but the reasons for this are unclear. We hypothesized that delayed medical care associated with AHT causes prolonged pre-hospital hypotension and hypoxia as measured by admission base deficit (BD), and that this would correlate with outcome.

METHODS: We performed a 10-year retrospective chart review of children admitted for AHT at two academic level-I trauma centres. Statistics were performed using Student’s t test, chi-square analysis, and multivariate logistic regression, and considered significant at p<0.05.

RESULTS: Four-hundred twelve children with AHT were identified, and admission BD was drawn for 148/412 (36%) children, including 104 survivors and 44 non-survivors. Non-survivors had significantly higher BD compared to survivors (12.6+/-.1.6 versus 5.3+/-.0.6, p<0.001). Non-survivors were more likely to be intubated pre-hospital and get cardiopulmonary resuscitation (CPR) (p<0.001). Mortality increased with rising BD, according to CPR status. There was no difference in patterns of brain injury between survivors and non-survivors (p>0.05).

CONCLUSIONS: BD correlates with mortality in children suffering severe AHT. Non-survivors are also more likely to be intubated pre-hospital and require CPR, with no difference in pattern of brain injury, suggesting that secondary injury is a major determinant of outcome in severe AHT.


4. Paediatric patients with abusive head trauma treated in US Emergency Departments, 2006-2009

OBJECTIVE: To study characteristics and outcomes of paediatric patients with abusive head trauma (AHT) treated in emergency departments.

METHODS: Nationwide Emergency Department Sample (NEDS) data were analysed. The CDC recommended AHT definition was used to classify children <= 4 years with head trauma into AHT and non-AHT groups. Outcomes were compared between patients with AHT and patients with non-AHT. Logistic models were fitted to identify risk factors.

RESULTS: An estimated 10 773 paediatric patients with AHT were treated in EDs in 2006-2009. The average annual rate was 12.83 per 100 000 for children <= 4 years. Children < 1 year of age accounted for most AHT cases (60.6%) and males had a significantly higher AHT rate than females.
Medicaid was the primary payer for 66.1% of AHT injuries and 40.3% of non-AHT injuries. The case mortality rate was 53.9 (95% CI = 41.0-66.7) per 1000 patients with AHT compared with 1.6 (95% CI = 1.4-1.9) per 1000 patients with non-AHT.

CONCLUSION: Child caregivers should be educated about the serious consequences of AHT and proper techniques for caring for infants. Unbiased and accurate documentation of AHT by physicians and medical coders is crucial for monitoring AHT injuries.


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Child physical abuse

1. A toddler with vomiting, abdominal pain, and alopecia.

SUMMARY: A previously healthy toddler presented to the emergency department with nonspecific gastrointestinal complaints. Laboratory studies were consistent with pancreatitis, and imaging studies demonstrated a pancreatic transection. Alopecia felt to be related to traction was also noted. There was no history of any witnessed trauma, and non-accidental trauma was diagnosed


2. At-risk children of at-risk parents: assessing common injuries to the children of teenage parents

OBJECTIVES: To examine the common injuries in the children of teenage parents seen in the emergency department (ED) of a large level I trauma center.

STUDY DESIGN: We used admission records for guarantor age to assess common injuries.

RESULTS: The majority of the patients were white, in the care of the mother, and suffered accidental injuries, with bruising and skin marks the most common. Although children born to teenage parents are at an increased risk for child abuse, the rate of abuse in this study sample remained low. Falls and ingested objects were the leading mechanisms of injury in these patients, who were generally evaluated and discharged from the ED.

CONCLUSION: This study highlights the common injuries and mechanisms to better understand how injuries are sustained in this unique population. The results of this study can be used for educational purposes both in the ED and in classroom-based parenting classes. Prevention efforts for teenage parents should be geared toward teaching better supervision and improving home safety.

3. Skeletal trauma in child abuse

CME EDUCATIONAL OBJECTIVES:
1. Understand the key history elements and risk factors that raise suspicion for non-accidental trauma.
2. Identify which fractures and injury patterns are concerning for non-accidental trauma.
3. Discuss mandatory reporter regulations regarding suspected child abuse.

SUMMARY: Fractures and other skeletal injuries are common in childhood. Most are the result of falls, motor vehicle accidents, and other forms of accidental trauma. However, skeletal trauma is present in a significant number of abused children. Age and developmental abilities are key components in raising clinical suspicion for child abuse. Children who are unable to provide their own history because of age or developmental delay require increased attention. Younger children are more likely to have abusive fractures, whereas accidental fractures increase with age and developmental abilities. The consequences of missing abuse are high because children returned to their homes without intervention are likely to face further abuse and have an increased mortality risk. Because of the potentially high cost of undiagnosed child abuse, diagnosis of a skeletal injury is incomplete without diagnosing its aetiology. All health providers for children should be able to recognize patterns of skeletal injury secondary to abusive trauma and understand the process for initiating Child Protective Services (CPS) investigations when necessary. Although they can occur accidentally, fractures in non-mobile children should always increase the clinician's concern for abusive trauma. In light of the significant consequences for children when abuse is missed by a primary care provider, abuse should be on the differential diagnosis for all presenting childhood injuries.


4. Pediatric bed fall computer simulation model: Parametric sensitivity analysis

SUMMARY: Falls from beds and other household furniture are common scenarios that may result in injury and may also be stated to conceal child abuse. Knowledge of the biomechanics associated with short-distance falls may aid clinicians in distinguishing between abusive and accidental injuries. In this study, a validated bed fall computer simulation model of an anthropomorphic test device representing a 12-month-old child was used to investigate the effect of altering fall environment parameters (fall height, impact surface stiffness, initial force used to initiate the fall) and child surrogate parameters (overall mass, head stiffness, neck stiffness, stiffness for
other body segments) on fall dynamics and outcomes related to injury potential. The sensitivity of head and neck injury outcome measures to model parameters was determined. Parameters associated with the greatest sensitivity values (fall height, initiating force, and surrogate mass) altered fall dynamics and impact orientation. This suggests that fall dynamics and impact orientation play a key role in head and neck injury potential. With the exception of surrogate mass, injury outcome measures tended to be more sensitive to changes in environmental parameters (bed height, impact surface stiffness, initiating force) than surrogate parameters (head stiffness, neck stiffness, body segment stiffness).


SUMMARY: Group A beta-haemolytic streptococcus cause most vulvovaginal infections seen in prepubertal girls. Bacterial vaginosis is a common cause of abnormal vaginal discharge in women of childbearing age but is rare in children. Data are insufficient to suggest that bacterial vaginosis is an exclusively sexually transmitted disease. We report a 10-year-old girl with no history or suspicion of sexual abuse who developed bacterial vaginosis in the context of a lichen sclerosis being treated with tacrolimus ointment. Secondary bacterial infection in lichen sclerosis is uncommon. We speculate that the immunosuppressive effect of topical tacrolimus could have triggered the infection.


1. Childhood sexual abuse and suicidal behavior: a meta-analysis


No abstract available.

http://pediatrics.aappublications.org/content/future/132/6#REVIEWARTICLE

2. Bacterial vaginosis in the context of lichen sclerosis in a prepubertal girl


SUMMARY: The experience of chronic neglect is extremely harmful to children’s physical, emotional, cognitive and behavioural development. As an area of research it has been traditionally described as neglected, and as an arena of practice it is viewed as complex and intractable. Over the last few decades, however, there has been a body of evidence building up to help with the understanding of
the impact of neglect upon children and to guide intervention. This paper draws on experience as a researcher in the field to present some thoughts on our current understanding of neglect, and how we can move forward with more appropriate responses. It argues that existing evidence is not being used to best effect and that current protective systems, like those in the UK, are still struggling to provide an effective response to neglected children. The language of neglect has become over-complicated and the systems and processes for assessment, planning and intervention are mired in bureaucracy. Some of these complexities are explored in more detail and a model is proposed that would support a more direct and straightforward response to children whose needs are not being met.


2. Should child obesity be an issue for child protective services? A call for more research on this critical public health issue


SUMMARY: Given the lasting effects on adolescent and adult health, childhood obesity is a major public health issue. The relatively slow progress toward the prevention and treatment of childhood obesity, however, has prompted leaders in both academic and practice sectors to advocate for what may be considered a radical intervention approach, to conceptualize extreme child obesity as an issue of child maltreatment. Advocates of this approach suggest that this conceptualization affords a new angle for intervention—the involvement of child protective services (CPS) in mandating family-focused lifestyle changes aimed at reducing child overweight and, in the most extreme cases, the removal of the obese child from the home. However, surprisingly little research has been conducted to inform policies or practices consistent with this recommendation, which is already being implemented in some states. This article aims to provide an overview of the challenges to the prevention and treatment of childhood obesity that have motivated the call for CPS involvement in extreme cases and to review the existing research related to this approach. Given that relatively little data are currently available to support or refute the merits of CPS involvement, recommendations for future research that would better inform public policy and decision making regarding this and other intervention strategies are also highlighted.

3. Child, neglect and oral health

BACKGROUND: Despite advancements in oral health policies, dental caries still a problem. The lack of parents/caregiver's care regarding child's oral health, which characterizes neglect, may lead to a high prevalence of caries. Therefore, the objective of this study was to analyse the relation between dental caries and neglect in five year-old children.

METHODS: Quantitative study performed in two different moments. First, the children underwent oral examinations and physical inspection. Then, a semi-structured interview was performed with parents of children with high and low caries rate.

RESULTS: In all, 149 physical inspections and oral exams were performed. The number of decayed, missing and filled teeth -- dmf-t was 2.75 (SD 2.83); 16 children had extremely high values (dmf-t >7), 85 intermediate values (1<= dmf-t >= 6) and 48 extremely low (dmf-t = 0). Nearly all caregivers were female (96.7%; n=29), mostly mothers (93.3%; n=28). Associations were found between caries experience and reason of the last consultation (p=0.011), decayed teeth and child's oral health perception (p=0.001). There was a trend towards a significant association between general health and decayed teeth (p=0.079), general hygiene and caries experience (p=0.083), and caries experience and number of times the child brushes the teeth (p=0.086).

CONCLUSION: There's a relation between caries experience and children's oral health perception by caregivers, as well as between caries experience and children's access to dental care. There is a trend towards association between caries experience and risk factors suggestive of neglect.

Access full text:
http://www.biomedcentral.com/content/pdf/1471-2431-13-188.pdf

4. Substantiating neglect of first nations and non-aboriginal children

SUMMARY: First Nations (Native American) children are greatly overrepresented in the Canadian child welfare system, and disproportionality in the substantiation of maltreatment contributes to this overrepresentation. This study explores the factors driving disproportionality in the substantiation of maltreatment and, more specifically, neglect. Data from the Canadian Incidence Study of Reported Child Abuse and Neglect (2008) are used in multivariate analyses which examine the relationship between the substantiation of maltreatment/neglect and worker assessments of case, child, household, and caregiver characteristics. These case factors
fully explain disproportionality in maltreatment substantiation for First Nations and non-Aboriginal children; the disproportionality reflects underlying differences in the case, child, household and caregiver characteristics identified in First Nations and non-Aboriginal investigations. However, case factors do not fully explain disproportionality in substantiation of neglect-only investigations. Further analysis indicates that the weight that workers assigned to caregiver substance abuse, housing problems, and presence of a lone caregiver when substantiating neglect also differed for First Nations and non-Aboriginal children. Discussion of these findings explores possible explanations for these differences, and links to broader discussions around definitions of neglect and the role of substantiation in child welfare decision making processes.


5. Can foster care ever be justified for weight management?


SUMMARY: Article nine of the UN Convention of the Rights of the Child states that ‘Children must not be separated from their parents unless it is in the best interests of the child.’ We describe the impact that placing a child into care can have on long-standing and intractable obesity when this is a component of a child safeguarding strategy. Significant weight loss was documented in a male adolescent following his placement into foster care due to emotional harm and neglect within his birth family. The child’s body mass index (BMI) dropped from a peak of 45.6 to 35 over 18 months. We provide brief details of two further similar cases and outcomes. Childhood obesity is often not the sole concern during safeguarding proceedings. Removal from an ‘obesogenic’ home environment should be considered if failure by the parents/carers to address the obesity is a major cause for concern. It is essential that all other avenues have been explored before removing a child from his birth family. However, in certain circumstances we feel it may be justified.

http://adc.bmj.com/content/early/2013/11/13/archdischild-2013-304654.abstract

Prevention and interventions

1. Effectiveness of home visiting in improving child health and reducing child maltreatment


OBJECTIVES: The Patient Protection and Affordable Care Act established the Maternal, Infant, and Early Childhood Home Visiting Program, which provides $1.5 billion to states over 5 years for home visiting program models serving at-risk pregnant women and children from birth to age 5. The act stipulates
that 75% of the funds must be used for programs with evidence of effectiveness based on rigorous evaluation research. Home Visiting Evidence of Effectiveness reviewed the home visiting research literature and provided an assessment of the evidence of effectiveness for program models that serve families with pregnant women and children from birth to age 5.

METHODS: Home Visiting Evidence of Effectiveness included a systematic search and screening process, a review of the research quality, and an assessment of program effectiveness. Reviewers rated studies' capacity to provide unbiased estimates of program impacts and determined whether a program met the Department of Health and Human Services' criteria for an evidence-based model.

RESULTS: As of July 2012, 32 models were reviewed, of which 12 met the Department of Health and Human Services criteria. Most of these models were shown to have favourable effects on child development. Other common favourable effects included health care usage and reductions in child maltreatment. Less common were favourable effects on birth outcomes.

CONCLUSION: Home visiting is a promising way to serve families who may be difficult to engage in supportive services. Existing rigorous research indicates that home visiting has the potential for positive results among high-risk families, particularly on health care usage and child development.


2. Components associated with home visiting program outcomes: a meta-analysis


BACKGROUND: Although several systematic reviews have concluded that home visiting has strong evidence of effectiveness, individual evaluations have produced inconsistent results. We used a component-based, domain-specific approach to determine which characteristics most strongly predict outcomes.

METHODS: Medline and PsycINFO searches were used to identify evaluations of universal and selective home visiting programs implemented in the United States. Coders trained to the study criterion coded characteristics of research design, program content, and service delivery. We conducted random-effects, inverse-variance-weighted linear regressions by using program characteristics to predict effect sizes on 6 outcome domains (birth outcomes, parenting behaviour and skills, maternal life course, child cognitive outcomes, child physical health, and child maltreatment).

RESULTS: Aggregated to a single effect size per study (k = 51), the mean effect size was 0.20 (95% confidence interval: 0.14 to 0.27),
with a range of -0.68 to 3.95. Mean effect sizes were significant and positive for 3 of the 6 outcome domains (maternal life course outcomes, child cognitive outcomes, and parent behaviours and skills), with heterogeneity of effect sizes in all 6 outcome domains. Research design characteristics generally did not predict effect sizes. No consistent pattern of effective components emerged across all outcome domains.

CONCLUSIONS: Home visiting programs demonstrated small but significant overall effects, with wide variability in the size of domain-specific effects and in the components that significantly predicted domain-specific effects. Communities may need complementary or alternative strategies to home visiting programs to ensure widespread impact on these 6 important public health outcomes.


3. Online programs as tools to improve parenting: a meta-analytic review


BACKGROUND: A number of parenting programs, aimed at improving parenting competencies, have recently been adapted or designed with the use of online technologies. Although web-based services have been claimed to hold promise for parent support, a meta-analytic review of online parenting interventions is lacking.

METHODS: A systematic review was undertaken of studies (n=19), published between 2000 and 2010, that describe parenting programs of which the primary components were delivered online. Seven programs were adaptations of traditional, mostly evidence-based, parenting interventions, using the unique opportunities of internet technology. Twelve studies (with in total 54 outcomes, Ntot parents=1615 and Ntot children=740) were included in a meta-analysis.

RESULTS: The meta-analysis showed a statistically significant medium effect across parents outcomes (ES=0.67; se=0.25) and child outcomes (ES=0.42; se=0.15).

CONCLUSION: The results of this review show that web-based parenting programs with new technologies offer opportunities for sharing social support, consulting professionals and training parental competencies. The meta-analytic results show that guided and self-guided online interventions can make a significant positive contribution for parents and children. The relation with other meta-analyses in the domains of parent education and web-based interventions is discussed.

4. Building healthy children: evidence-based home visitation integrated with pediatric medical homes


OBJECTIVES: The Building Healthy Children (BHC) collaborative has successfully integrated home visitation into medical care of infants born to young, low-income mothers. Patients receive parenting education, and therapy for parent-child trauma and maternal depression through home visitation. The goals are to avoid child maltreatment, improve parent and child health, and enhance family functioning.

METHODS: This randomized trial tests combining 3 evidence-based services versus screening and referral to community services only. Patients of 3 primary care practices are screened for eligibility (no previous Child Protective Services indication, maternal age <21 at first delivery, and <=2 children younger than age 3). Treatment families receive Parents as Teachers, child-parent psychotherapy, and interpersonal psychotherapy as needed. Outreach workers assist with concrete needs, including transportation to medical visits. Participant evaluations and reviews of pediatric medical charts are performed at regular intervals. Electronic medical record communications and BHC social workers ensure full integration with the medical home.

RESULTS: Of all eligible families approached, 75% (n = 497) enrolled in BHC and 85% remained enrolled by age 3. At baseline, 37% of mothers were victims of child abuse/neglect, 22% showed significant depressive symptoms, and 59% of children were exposed to domestic violence. Preliminary analyses demonstrate avoidance of indicated Child Protective reports and foster placement and high rates of preventive care for enrolled children.

CONCLUSION: BHC offers a unique model of evidence-based home visiting services integrated into primary care. This promising program demonstrates high retention rates and addresses the multidimensional needs of young at-risk families.


5. Child abuse prevention and child home visitation: making sure we get it right


No abstract available.

OBJECTIVES: In England, every death in childhood is reviewed by a local multidisciplinary Child Death Overview Panel (CDOP) with the intention of understanding causation and implementing interventions to reduce future deaths. This study aimed to establish how well panels work from the perspective of the paediatricians involved and to ascertain whether they deliver good value and identify areas for improvement.

DESIGN: A questionnaire was sent to every CDOP paediatrician in the country (n=93). Questions focused on the quality of CDOP case discussions as well as examples of effective and significant recommendations. Responses were analysed using simple quantitative and qualitative methods.

RESULTS: 84/93 (90%) of the paediatricians responded. Among the respondents, 60 (71%) believe that investment in CDOPs is offering good value, 73 (87%) feel that case discussions are rigorous and consistent and over 90% believe that the correct issues are emerging from discussions. However, responders noted many areas for improvement: 40 (48%) suggested devolving the discussion of specialist deaths (eg, neonates) to hospital-based review meetings or holding themed meetings with invited specialists, 11 (13%) suggested filtering out cases where learning is unlikely before full CDOP meetings and 13 (15%) called for national integration and analysis of data.

CONCLUSION: In this time of economic austerity it is vital that the CDOPs add value to the invested resources. Although CDOP paediatricians feel that panels are working well, there is scope for improvement through enhancing relationships with commissioning bodies, aggregate review and analysis of CDOP data at a national level and consideration of specialist and/or network review of certain categories of deaths such as cardiac surgery, oncology and neonates.

Access full text:
http://adc.bmj.com/content/early/2013/11/19/archdischild-2013-305085.full.pdf+html

2. On the nature and scope of reported child maltreatment in high-income countries: opportunities for improving the evidence base


SUMMARY: Although high-income countries share and value the goal of protecting children from harm, national data on child maltreatment and the involvement of social services, the judiciary and health services remain relatively scarce. To explore potential reasons for this, a number of high-income
countries across the world (Belgium, Canada, Germany, the Netherlands, New Zealand, South Korea, Switzerland and the United States) were compared. Amongst other aspects, the impact of service orientation (child protection vs. family services orientated), the complexity of systems, and the role of social work as a lead profession in child welfare are discussed. Special consideration is given to indigenous and minority populations. The call for high-income countries to collect national data on child maltreatment is to promote research to better understand the risks to children. Its remit ranges well beyond these issues and reflects a major gap in a critical resource to increase prevention and intervention in these complex social situations. Fortunately, initiatives to close this gap are increasing.


3. The use of the child abuse potential inventory in the assessment of parents involved in care proceedings


SUMMARY: Assessing for potential physical abuse is a fundamental task for those professionals undertaking assessments of parents involved in care proceedings. One tool developed to help assist in this endeavour is the Child Abuse Potential (CAP) Inventory (Milner, ). The CAP Inventory provides an estimate of parental risk of child abuse and is one of the most widely used psychometric tools by psychologists in child protection settings. This review evaluates the psychometric properties of this measure and provides an overview of its potential uses, as well as its limitations. It concludes that there is evidence to support the validity and reliability of the CAP Inventory for use in care proceedings. Specifically, the review indicates that the CAP Inventory has good levels of reliability and validity (construct, content and concurrent). The only aspect of validity for which there is a lack of evidence is that of predictive validity and this is due to a dearth of prospective studies. Given the above, the practical, clinical and ethical implications for the use of the CAP Inventory in the assessment of parents involved in care proceedings are discussed.


4. The seven pillars of quality care in a statewide pediatric sexual assault nurse examiner program


SUMMARY: This article describes a systematic approach used by a statewide paediatric sexual assault nurse examiner program to ensure the quality of forensic medical examinations it provides in child sexual abuse investigations. Seven strategies for enhancing quality are described: (a) hiring experienced professionals, (b) effective training, (c)
comprehensive protocols, (d) ample support for paediatric sexual assault nurses, (e) management oversight, (f) a clinical coordinator to provide ongoing training and technical assistance, and (g) a quality assurance process in which expert child abuse paediatricians review each statewide paediatric sexual assault nurse examination. To show the evolution of quality care over time, the program’s experience from 2004 to 2010 is reviewed, and quality assurance data are analysed.


5. Predicting sexual assault kit submission among adolescent rape cases treated in forensic nurse examiner programs


SUMMARY: Following a sexual assault, victims are usually advised to have a medical forensic exam and sexual assault forensic exam kit (SAK). Once completed, the SAK is to be transported by law enforcement to the crime lab for analysis. However, many kits are never transported to the crime lab, thereby preventing forensic evidence obtained in the kit to be used during the prosecutorial process. The current study examined rates of SAK submission for 393 adolescent sexual assault cases in two Midwestern communities and explored what factors predicted law enforcement officers’ submission of SAKs to the crime lab for analysis. Findings reveal that more than 40% of the adolescent cases did not have their SAK submitted, and several factors, including the age and race of the victim, the number of perpetrators in the assault, and the number of assaultive acts, predicted SAK submission. Implications for SAK community protocols are discussed.

http://jiv.sagepub.com/content/early/2013/10/01/0886260513504496.abstract

6. Evaluation of suspected child abuse at the ED; implementation of American Academy of Pediatrics guidelines in the Netherlands


SUMMARY: Emergency departments (EDs) are important to detect child physical abuse. A structured approach will contribute to an adequate detection of abused children at the ED. The American Academy of Paediatrics (AAP) provided guidance in the clinical approach to the evaluation of suspected physical abuse in children. In the Netherlands, these American Academy of Paediatrics guidelines have been adopted for the clinical process of child abuse detection. Here, we describe the outcome of the clinical process in the year 2010 with 65 cases of suspected child abuse out of 3660 children presenting at an ED, and we discuss the strengths and pitfalls of this current clinical approach.

1. Treatment compliance and effectiveness in complex PTSD patients with co-morbid personality disorder undergoing stabilizing cognitive behavioral group treatment: a preliminary study

BACKGROUND: In the empirical and clinical literature, complex posttraumatic stress disorder (PTSD) and personality disorders (PDs) are suggested to be predictive of drop-out or reduced treatment effectiveness in trauma-focused PTSD treatment.

OBJECTIVES: In this study, we aimed to investigate if personality characteristics would predict treatment compliance and effectiveness in stabilizing complex PTSD treatment.

METHOD: In a randomized controlled trial on a 20-week stabilizing group cognitive behavioural treatment (CBT) for child-abuse-related complex PTSD, we included 71 patients of whom 38 were randomized to a psycho-educational and cognitive behavioral stabilizing group treatment. We compared the patients with few PD symptoms (adaptive) (N=14) with the non-adaptive patients (N=24) as revealed by a cluster analysis.

RESULTS: We found that non-adaptive patients compared to the adaptive patients showed very low drop-out rates. Both non-adaptive patients, classified with highly different personality profiles "withdrawn" and "aggressive," were equally compliant. With regard to symptom reduction, we found no significant differences between subtypes. Post-hoc, patients with a PD showed lower drop-out rates and higher effect sizes in terms of complex PTSD severity, especially on domains that affect regulation and interpersonal problems.

CONCLUSION: Contrary to our expectations, these preliminary findings indicate that this treatment is well tolerated by patients with a variety of personality pathology. Larger sample sizes are needed to study effectiveness for subgroups of complex PTSD patients.

Access full text: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820917/pdf/EJPT-4-21171.pdf

2. Traumatic childhood experiences in the 21st century: broadening and building on the ACE studies with data from the national child traumatic stress network

OBJECTIVES: The study objectives were to (a) examine the association between total
number of trauma types experienced and child/adolescent behavioural problems and (b) determine whether the number of trauma types experienced predicted youth behavioural problems above and beyond demographic characteristics, using a diverse set of 20 types of trauma.

METHODS: Data came from the National Child Traumatic Stress Network’s (NCTSN) Core Data Set (CDS), which includes youth assessed and treated for trauma across the United States. Participants who experienced at least one type of trauma were included in the sample (N = 11,028; age = 1 & frac12;–18 years; 52.3% girls). Random effects models were used to account for possible intraclass correlations given treatment services were provided at different NCTSN centres. Logistic regression analyses were used to investigate associations among demographic characteristics, trauma, and emotional and behavioural problems as measured by the Child Behavior Checklist (CBCL).

RESULTS: Significant dose-response relations were found between total number of trauma types and behaviour problems for all CBCL scales, except Sleep, one of the subscales only administered to 1&frac12;–5-year-olds. Thus, each additional trauma type endorsed significantly increased the odds for scoring above the clinical threshold.

CONCLUSION: Results provide evidence of strong associations between diverse traumatic childhood experiences and a diverse range of behaviour problems, and underscore the need for a trauma-informed public health and social welfare approach to prevention, risk reduction, and early intervention for traumatized youth.


3. Addressing childhood trauma in a developmental context


SUMMARY: With the anticipated publication of the DSM-5 in May 2013, much reflection and work has been done on reviewing existing psychiatric nomenclature including, but not limited to the field of traumatic exposure. Traditionally, understanding of the psychiatric and psychological effects of trauma have been developed from studies with adults and then applied to trauma-exposed children with some modifications. While this is an important step to understanding the sequelae of trauma in children and adolescents, the adverse developmental effects of traumatic exposures on the rapidly evolving neurological, physical, social and psychological capacities of children calls for a developmentally sensitive framework for understanding, assessing and treating trauma-exposed children. The importance of early attachment relationships in infancy and childhood means that severely disrupted early caregiving relationships may have far-reaching
and lifelong developmental consequences and can therefore be considered traumatic. Given the high rates of violence and trauma exposure of South African children and adolescents, the need for a developmentally based understanding of the effects of trauma on child and adolescent mental health becomes even more pronounced. In this paper, we draw on theoretical perspectives to provide a practical, clinically driven approach to the management of developmental trauma.

Access full text:

4. Neuroscience and the risks of maltreatment
Munro, E. and K. Musholt Child Youth Serv Rev (Ahead of print [Epub 21/11/2013]).

SUMMARY: Findings from neuroimaging are increasingly being cited in policy debates to strengthen the case for early identification of, and intervention with, children at risk of maltreatment and poor outcomes. While agreeing that neuroscientific research into the risks of maltreatment is a very valuable and exciting area of study, this article challenges the confidence with which these findings are used in policy discussions. It critically discusses the reliability and validity of the relevant findings and the contribution they can currently make to our understanding of the causes and consequences of maltreatment. In addition, it is argued that this type of evidence, which is new in policy debates, is often being used in ways that are problematic. Many participants in the relevant policy debates seem to subscribe either to an implicit version of dualism about the relationship between the mind and the body, or to reductionism – the view that the mental can be reduced to the physical. Such assumptions threaten the way we think about human agency and moral responsibility but it is argued that they are misguided for conceptual reasons. It is concluded that neuroscience has the potential to contribute to our understanding of the causes and effects of maltreatment but cannot do so in isolation from the social sciences.


5. Child maltreatment deaths in the U.S. National Child Death Review Case Reporting System
Palusci, V. J. and T. M. Covington Child Abuse Negl Ahead of print [Epub 08/10/2013].

SUMMARY: Comprehensive reviews of child death are increasingly conducted throughout the world, although limited information is available about how this information is systematically used to prevent future deaths. To address this need, we used cases from 2005 to 2009 in the U.S. National Child Death Review Case Reporting System to compare child and offender characteristics and to link that information with actions taken or
recommended by review teams. Child, caretaker, and offender characteristics, and outcomes were compared to team responses, and findings were compared to published case series. Among 49,947 child deaths from 23 states entered into the Case Reporting System during the study period, there were 2,285 cases in which child maltreatment caused or contributed to fatality. Over one-half had neglect identified as the maltreatment, and 30% had abusive head trauma. Several child and offender characteristics were associated with specific maltreatment subtypes, and child death review teams recommended and/or planned several activities in their communities. Case characteristics were similar to those published in other reports of child maltreatment deaths. Teams implemented 109 actions or strategies after their review, and we found that aggregating information from child death reviews offers important insights into understanding and preventing future deaths. The National Child Death Review Case Reporting System contains information about a large population which confirms and expands our knowledge about child maltreatment deaths and which can be used by communities for future action.


6. A prospective study of sudden unexpected infant death after reported maltreatment


OBJECTIVES: To examine whether infants reported for maltreatment face a heightened risk of sudden infant death syndrome (SIDS) and other leading causes of sudden unexpected infant death (SUID).

STUDY DESIGN: Linked birth and infant death records for all children born in California between 1999 and 2006 were matched to administrative child protection data. Infants were prospectively followed from birth through death or 1 year of age. A report of maltreatment was modelled as a time-varying covariate; risk factors at birth were included as baseline covariates. Multivariable competing risk survival models were used to estimate the adjusted relative hazard of post-neonatal SIDS and other SUID.

RESULTS: A previous maltreatment report emerged as a significant predictor of SIDS and other SUID. After adjusting for baseline risk factors, the rate of SIDS was more than 3 times greater among infants reported for possible maltreatment (hazard ratio: 3.22; 95% CI: 2.66, 3.89).

CONCLUSION: Infants reported to child protective services have a heightened risk of SIDS and other SUID. Targeted services and improved communication between child
protective services and the pediatric health care community may enhance infant well-being and reduce risk of death.


7. Childhood history of abuse and child abuse potential: the role of parent’s gender and timing of childhood abuse

SUMMARY: It has been suggested that being physically abused leads to someone becoming a perpetrator of abuse which could be associated to parents’ gender, timing of the physical abuse and specific socio-demographic variables. This study aims to investigate the role the parents’ gender, timing of childhood abuse and socio-demographic variables on the relationship between parents’ history of childhood physical abuse and current risk for children. The sample consisted of 920 parents (414 fathers, 506 mothers) from the Portuguese National Representative Study of Psychosocial Context of Child Abuse and Neglect who completed the Childhood History Questionnaire and the Child Abuse Potential Inventory. The results showed that fathers had lower current potential risk of becoming physical abuse perpetrators with their children than mothers although they did not differed in their physical victimization history. Moreover, the risk was higher in parents (both genders) with continuous history of victimization than in parents without victimization. Prediction models showed that for fathers and mothers separately similar socio-demographic variables (family income, number of children at home, employment status and marital status) predicted the potential risk of becoming physical abuses perpetrators. Nevertheless, the timing of victimization was different for fathers (before 13 years old) and mothers (after 13 years old). Then our study targets specific variables (timing of physical abuse, parents’ gender and specific socio-demographic variables), which may enable professionals to select groups of parents at greater need of participating in abuse prevention programs.


Reviews / Guidelines

1. Characteristics of child dental neglect: a systematic review

OBJECTIVES: Neglect of a child’s oral health can lead to pain, poor growth and impaired quality of life. In populations where there is a high prevalence of dental caries, the determination of which children are experiencing dental neglect is challenging. This systematic review aims to identify the features of oral neglect in children.

METHODS: Fifteen databases spanning 1960-2012 were searched; these were
supplemented by hand searching of 4 specialist journals, 5 websites and references of full texts. Included: studies of children 0-18 years with confirmed oral neglect undergoing a standardised dental examination; excluded: physical/sexual abuse. All relevant studies underwent two independent reviews (+/- 3rd review) using standardised critical appraisal.

RESULTS: Of 3863 potential studies screened, 83 studies were reviewed and 9 included (representing 1595 children). Features included: failure or delay in seeking dental treatment; failure to comply with/complete treatment; failure to provide basic oral care; co-existent adverse impact on the child e.g. pain and swelling. Two studies developed and implemented 'dental neglect' screening tools with success. The importance of Quality of Life tools to identify impact of neglected dental care also highlighted.

CONCLUSIONS: A small body of literature addresses this topic, using varying definitions of neglect, and standards of oral examination. While failure/delay in seeking care with adverse dental consequences were highlighted, differentiating dental caries from dental neglect is difficult, and there is a paucity of data on precise clinical features to aid in this distinction.

CLINICAL SIGNIFICANCE: Diagnosing dental neglect can be challenging, influencing a reluctance to report cases. Published evidence does exist to support these referrals when conditions as above are described, although further quality case control studies defining distinguishing patterns of dental caries would be welcome.


2. Childhood maltreatment and inflammatory markers: a systematic review


OBJECTIVE: Childhood maltreatment (CM) has been associated with several diseases in adult life, including diabetes, obesity and mental disorders. Inflammatory conditions have been postulated as possible mediators of this relationship. The aim was to conduct a systematic review regarding the association between CM and inflammatory markers in adulthood.

METHODS A literature search of the PubMed, ISI, EMBASE and PsychINFO databases was conducted. The key terms used were as follows: 'Child Maltreatment', 'Childhood Trauma', 'Early Life Stress', 'Psychological Stress', 'Emotional Stress', 'Child Abuse' and 'Child Neglect'. They were cross-referenced separately with the terms: 'C-reactive Protein (CRP)', 'Tumor Necrosis Factor', 'Cytokine', 'Interleukin', 'Inflammatory' and 'Inflammation'.

RESULTS: Twenty articles remained in the review after exclusion criteria were applied. Studies showed that a history of CM was
associated with increased levels of CRP, fibrinogen and pro-inflammatory cytokines. Increased levels of circulating CRP in individuals with a history of CM were the most robust finding among the studies. Data about anti-inflammatory mediators are still few and inconsistent.

CONCLUSION: Childhood maltreatment is associated with a chronic inflammatory state independent of clinical comorbidities. However, studies are heterogeneous regarding CM assessment and definition. Important methodological improvements are needed to better understand the potential impact of CM on inflammatory response.


3. Institute of medicine report: new directions in child abuse and neglect research


No abstract available.


4. Sexual and physical abuse in childhood is associated with depression and anxiety over the life course: systematic review and meta-analysis

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:  

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 organises online trainings and free webinars.

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

Stop It Now! – Preventing Sexual Abuse of Children
USA

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

Website
http://www.stopitnow.org/

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

National

Australian Centre for the Study of Sexual Assault (ACSSA)

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

Website:

Australian Domestic & Family Violence Clearinghouse

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

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

Child Protection Special Interest Group – RACP

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

Website:

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

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

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

Institute of Child Protection Studies, Australian Catholic University
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:

Protecting Australia’s Children: Research and Evaluation Register
The Protecting Australia’s Children: Research and Evaluation Register is a searchable database of Australian research and evaluation undertaken since 1995.

The 1371 projects and publications included in this Register cover a range of topics relating to the protection of Australia’s children including:

- The prevention of child abuse and neglect
- Early intervention
- Child protection services
- Out of home care; and
- Support for children who have experience abuse or neglect

The projects and publications included in the Register were identified through a literature search and through details provided by researchers working in the field.

Website:
California Evidence Based Clearinghouse (CEBC)
USA

The California Evidence Based Clearinghouse for Child Welfare (CEBC) 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

Website:
http://www.cdc.gov
of Health and Human Services. It provides general information on violence and violence prevention, as well as statistics on sexual violence, preventing violence against women, fact sheets, definitions and data sources.

Website:
http://www.cdc.gov/ViolencePrevention/overview/index.html

DynaMed

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

Access DynaMed:

FirstConsult

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

Access First Consult:

Institute on Violence, Abuse and Trauma (IVAT)
USA

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

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

Minnesota Center Against Violence and Abuse (MINCAVA)
USA

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

Website:
http://www.mincava.umn.edu/
National Clearinghouse for Family Violence Canada

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

Website:

National Sexual Violence Resource Center (NSVRC)

USA

The National Sexual Violence Resource Center (NSVRC) is a central clearinghouse for resources and research on sexual violence in the USA. NSVRC aims to strengthen the support system for sexual assault survivors, provide information and assistance for effective interventions in preventing sexual violence, and identify emerging policy issues and research needs. The National Sexual Violence Resource Center Library contains library collections of both the NSVRC and the Pennsylvania Coalition Against Rape (PCAR). To search and access one or both collections, use the link provided below.

Website:
http://www.nsvrc.org/

Search the NSVRC Library database:
http://207.67.203.54/N800025staff/OPAC/index.asp

National Criminal Justice Reference Services

USA

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

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

New Zealand Family Violence Clearinghouse

The New Zealand Family Violence Clearinghouse is a national center for collating and disseminating information about family violence in Aotearoa New Zealand. The aim of the Clearinghouse is to provide resources for people interested in working towards the elimination of family violence. An outcome of the Government’s Te Rito: New Zealand Family Violence Prevention Strategy, the Clearinghouse supports the vision of Te Rito: to create a society families/whanau are living free from violence.

Website:
http://www.nzfvc.org.nz
**PediatricRadiology.com**

PediatricRadiology.com is a paediatric radiology and paediatric imaging digital library. The goal of PediatricRadiology.com is to provide a starting point for entry into paediatric radiology places of enlightenment, entertainment and education on the Internet. PediatricRadiology.com identifies high quality paediatric radiology World-Wide Web sites that can teach, illuminate, and inspire. In essence, PediatricRadiology.com is meant to serve as a "pico portal" for users interested in paediatric radiology.

*Website:*
http://www.pediatricradiology.com/

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**Sexual Abuse Survivors Trust**

NZ

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

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

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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

### November 2013

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<th>Date</th>
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<td><a href="http://www.indigenoushealth.net/">http://www.indigenoushealth.net/</a></td>
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<tr>
<td>27-29</td>
<td>Conference</td>
<td>Australasian ethics network conference</td>
<td>Fremantle WA</td>
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<td>29</td>
<td>Conference</td>
<td>Building bridges: Regional early childhood conference</td>
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<td>Public Hearing</td>
<td>Public Hearing notice: Towards Healing</td>
<td>Sydney NSW</td>
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<tr>
<td>12</td>
<td>Conference</td>
<td>Family and childcare trust UK: annual conference 2013</td>
<td>London UK</td>
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### January 2014

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<td>26-31</td>
<td>Conference</td>
<td>28th International conference on child and family maltreatment</td>
<td>San Diego USA</td>
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References


28. Davidson-Arad, B., et al., Comparison of hope of maltreating parents whose children were removed from home with those whose children were kept at home. Child Youth Serv Rev. Ahead of print [Epub 08/10/2013].


**Full text:** [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815852/pdf/OMJ-2591771.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815852/pdf/OMJ-2591771.pdf)


**Full text:** [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815852/pdf/OMJ-2591771.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815852/pdf/OMJ-2591771.pdf)


56. Herringa, R.J., et al., Childhood maltreatment is associated with altered fear circuitry and increased internalizing symptoms by late adolescence. Proc Natl Acad Sci USA. Ahead of print [Epub 06/11/2013].


90. Negriff, S., et al., *Characterizing the sexual abuse experiences of young adolescents.* Child Abuse Negl. Ahead of print [Epub 08/10/2013].


Full text: http://adc.bmj.com/content/98/11/846.full.pdf+html


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