Introduction

The Queensland Child Protection Information Network Newsletter is a joint initiative of the Mater Children’s Hospital Child Protection Unit, the Southern Queensland Child Protection Clinical Network and the Strategic Policy Priority Area Unit of the System Policy and Performance Division, the Department of Health. This newsletter supports best practice in Child Protection by facilitating timely access to recent clinical, therapeutic and professional development information.

Each monthly edition is distributed to all Hospital and Health Service Child Protection Units. To ensure receipt of this newsletter or to unsubscribe, please contact your Hospital and Health Service Child Protection Unit or contact Laura Koopmans directly.

Access to links

Hold down the Ctrl key and click on blue link to access full text journal articles or web pages. Where full text articles are not linked, please use the corresponding reference to access the article via CKN.

(Note: The access to full-text journal articles is dependent on CKN e-journal subscription. If your access is restricted, document delivery can be requested via your professional library).

Contact

We appreciate your professional opinion and feedback. If there are any matters you would like to raise with the editorial team, or if you would like to post information relating to best practice or professional development on the monthly information network, please contact Laura Koopmans (Research Officer, Child Protection Unit, Mater Children’s Hospital, South Brisbane).

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Research Update

Abusive Head Trauma

1. "Shaken baby syndrome" and forensic pathology: an uneasy interface
No abstract available.

2. Functional outcomes in children with abusive head trauma receiving inpatient rehabilitation compared with children with non-abusive head trauma
OBJECTIVE: To compare clinical features and functional outcomes of age- and sex-matched children with abusive and non-abusive head trauma receiving inpatient rehabilitation.
STUDY DESIGN: Children with abusive head trauma (n = 28) and age- and sex-matched children with non-abusive head trauma (n = 20) admitted to an inpatient paediatric rehabilitation unit from 1995-2012 were studied. Acute hospitalization and inpatient rehabilitation records were retrospectively reviewed for pertinent clinical data: initial Glasgow Coma Scale score, signs of increased intracranial pressure, neuroimaging findings, and presence of associated injuries. Functional status at admission to and discharge from inpatient rehabilitation was assessed using the Functional Independence Measure for Children. Outcome at discharge and outpatient follow-up were described based on attainment of independent ambulation and expressive language.
RESULTS: Children with abusive and non-abusive head trauma had similar levels of injury severity, although associated injuries were greater in those with abusive head trauma. Functional impairment upon admission to inpatient rehabilitation was comparable, and functional gains during inpatient rehabilitation were similar between groups. More children with non-abusive than with abusive head trauma attained independent ambulation and expressive language after discharge from rehabilitation; the difference was no longer significant when only children aged >12 months at injury were examined. There was variability in delay to obtain these skills and in the quality of gained skills in both groups.
CONCLUSIONS: Despite more associated injuries, children with abusive head trauma make significant functional gains during inpatient rehabilitation, comparable with an age- and sex-matched sample with non-abusive head trauma. Key functional skills may be gained by children in both groups following discharge from inpatient rehabilitation.
OBJECTIVES: To examine national, regional, and state abusive head trauma (AHT) trends using child hospital discharge data by applying a new coding algorithm developed by the Centers for Disease Control and Prevention (CDC).

METHODS: Data from 4 waves of the Kids’ Inpatient Database and annual discharge data from North Carolina were used to determine trends in AHT incidence among children <1 year of age between 2000 and 2009. National, regional, and state incidence rates were calculated. Poisson regression analyses were used to examine national, regional, and state AHT trends.

RESULTS: The CDC narrow and broad algorithms identified 5437 and 6317 cases, respectively, in the 4 years of KID weighted data. This yielded average annual incidences of 33.4 and 38.8 cases per 100 000 children <1 year of age. There was no statistically significant change in national rates. There were variations by region of the country, with significantly different trends in the Midwest and West. State data for North Carolina showed wide annual variation in rates, with no significant trend.

CONCLUSIONS: The new coding algorithm resulted in the highest AHT rates reported to date. At the same time, we found large but statistically insignificant annual variations in AHT rates in 1 large state. This suggests that caution should be used in interpreting AHT trends and attributing changes in rates as being caused by changes in policies, programs, or the economy.


Child physical abuse

1. Fatal and non-fatal child maltreatment in the US: an analysis of child, caregiver, and service utilization with the National Child Abuse and Neglect Data Set


SUMMARY: The purpose of this study was to compare children who are fatally and non-fatally maltreated in the United States. In this first national-comparison study, we used the Child Abuse and Neglect Data Set of children and families who encounter/receive support from child welfare services. We found that children who were fatally maltreated were younger, were more likely to live with both their parents, and that their families experienced more financial and housing instability compared to non-fatally maltreated children. Overall, families in which children die use/receive fewer social services, as compared to families in which children live. We discuss the results with regard to child welfare practice and research.
Child sexual abuse

1. Nature of child sexual abuse and psychopathology in adult survivors: results from a clinical sample in Scotland

SUMMARY: The relationship between history of childhood sexual abuse and psychopathology in adult life is well established. However, understanding of the mechanisms by which abuse exerts its effects is limited. To our knowledge, this is the first study which investigates the relationship between a wide range of sexual abuse characteristics (i.e. age at onset, frequency of assaults, number of perpetrators and their relationship to the victim) and the severity of psychopathological disorders in a large sample of adult child sexual abuse (CSA) survivors who attended a specialist Psychotherapy Service for CSA survivors. CSA survivors in our study experienced severe sexual assault(s) in their early years and presented with severe pathology which could suggest a strong causal link. However, none of the examined trauma characteristics significantly predicted severity of psychopathology. This may suggest that for severely disordered, treatment-seeking CSA survivors post-abuse psychopathology could be caused by other factors. The study adds to the growing body of evidence suggesting that CSA effects may be dependent on factors which are not necessarily related to the nature of sexual abuse. The study findings will help improve clinicians’ insight into the determinants of psychopathology.

2. Prevalence of sexual abuse among children with conduct disorder: a systematic review
Maniglio, R. Clin Child Fam Psychol Rev. Ahead of print [Epub 07/12/2013].

SUMMARY: Many clinicians and researchers have speculated that child sexual abuse and conduct disorder co-occur frequently, yet no systematic reviews of literature have specifically addressed both these conditions. To estimate the prevalence of sexual abuse among children with conduct disorder, the pertinent literature was systematically reviewed. Ten databases were searched, supplemented with hand search of reference lists from retrieved papers. Blind assessments of study eligibility and quality were conducted.
by two independent researchers. Disagreements were resolved by consensus. Twenty-three studies meeting minimum quality criteria that were enough to insure objectivity and not to invalidate results and including 7,256 participants with either conduct disorder or child sexual abuse were examined. The prevalence of child sexual abuse among participants with conduct disorder was 27%; however, such figure might be underestimated due to selection, sampling, and recall biases; poor assessment methods; and narrow definitions of abuse in included studies. Participants with conduct disorder, compared with healthy individuals, reported higher rates of child sexual abuse. However, compared with other psychiatric populations, they reported similar or lower rates. There was also some evidence suggesting that children with conduct disorder might be more likely to report child physical abuse. Female participants with conduct disorder, compared with males, were significantly more likely to report child sexual abuse. Youths with conduct disorder are at risk of being (or having been) sexually abused, although such risk seems to be neither more specific to nor stronger for these individuals, compared with people with other psychiatric disorders.


**Emotional abuse & neglect**
No papers identified.

**Prevention and interventions**
No papers identified.

**Child protection professionals**

1. Child maltreatment: international and legal issues

*No abstract available.*


BACKGROUND: Early detection of abused children could help decrease mortality and morbidity related to this major public health problem. Several authors have proposed tools to screen for child maltreatment. The aim of this systematic review was to examine the evidence on accuracy of tools proposed to identify abused children before their death and assess if any were adapted to screening.
METHODS: We searched in PUBMED, PsycINFO, SCOPUS, FRANCIS and PASCAL for studies estimating diagnostic accuracy of tools identifying neglect, or physical, psychological or sexual abuse of children, published in English or French from 1961 to April 2012. We extracted selected information about study design, patient populations, assessment methods, and the accuracy parameters. Study quality was assessed using QUADAS criteria.

RESULTS: A total of 2 280 articles were identified. Thirteen studies were selected, of which seven dealt with physical abuse, four with sexual abuse, one with emotional abuse, and one with any abuse and physical neglect. Study quality was low, even when not considering the lack of gold standard for detection of abused children. In 11 studies, instruments identified abused children only when they had clinical symptoms. Sensitivity of tests varied between 0.26 (95% confidence interval [0.17-0.36]) and 0.97 [0.84-1], and specificity between 0.51 [0.39-0.63] and 1 [0.95-1]. The sensitivity was greater than 90% only for three tests: the absence of scalp swelling to identify children victims of inflicted head injury; a decision tool to identify physically-abused children among those hospitalized in a Paediatric Intensive Care Unit; and a parental interview integrating twelve child symptoms to identify sexually-abused children. When the sensitivity was high, the specificity was always smaller than 90%.

CONCLUSIONS: In 2012, there is low-quality evidence on the accuracy of instruments for identifying abused children. Identified tools were not adapted to screening because of low sensitivity and late identification of abused children when they have already serious consequences of maltreatment. Development of valid screening instruments is a pre-requisite before considering screening programs.


3. Accuracy of a screening instrument to identify potential child abuse in emergency departments


SUMMARY: Although screening for child abuse at emergency departments (EDs) increases the detection rate of potential child abuse, an accurate instrument is lacking. This study was designed to measure the accuracy of a screening instrument for detection of potential child abuse used in EDs. In a prospective cohort study at three Dutch EDs, a 6-item screening instrument for child abuse, Escape, was completed for each child visiting the ED. The data from the completed Escape instrument was used to calculate sensitivity, specificity, and the positive/negative predictive value per item. The clinical notes
and conclusions of the screen instruments of all potentially abused children reported to the hospitals' Child Abuse Teams were collected and reviewed by an expert panel. A logistic regression model was used to evaluate the predictors of potential abuse. Completed Escape instruments were available for 18,275 ED visits. Forty-four of the 420 children with a positive screening result, and 11 of the 17,855 children with a negative result were identified as potentially abused. Sensitivity of the Escape instrument was 0.80 and specificity was 0.98. Univariate logistic regression showed that potentially abused children were significantly more likely to have had an aberrant answer to at least one of the items, OR=189.8, 95% CI [97.3, 370.4]. Most of the children at high risk for child abuse were detected through screening. The Escape instrument is a useful tool for ED staff to support the identification of those at high risk for child abuse.


2. Placement of children in out-of-home care in Québec, Canada: When and for whom initial out-of-home placement is most likely to occur


SUMMARY: This study contributes to the growing child protection placement literature by providing the first Canadian provincial longitudinal study examining when and for whom initial out-of-home placement is most likely to occur. Anonymized clinical-administrative child protection data were merged with the 2006 Canadian Census data for the province of Québec, and the final dataset included 127,181 children investigated for maltreatment for the first time between April 1, 2002 and March 31, 2010. Cox proportional hazard results indicate that the vast majority of investigated children


1. Pediatric toxicology: specialized approach to the poisoned child


SUMMARY: The poisoned child presents unique considerations in circumstances of exposure, clinical effects, diagnostic approach, and therapeutic interventions. The emergency provider must be aware of the pathophysiologic vulnerabilities of infants and children and substances that are especially toxic. Awareness is essential for situations in which the risk of morbidity and mortality is increased, such as child abuse by poisoning. Considerations in treatment include the need for attentive supportive care, paediatric implications for antidotal therapy, and extracorporeal removal methods such as hemodialysis in children. In this article, each of these issues and emerging poison hazards are discussed.

do not experience a placement, but for the others, placement tends to occur immediately following the maltreatment investigation with only a slight increase in risk over time. The increased risk of placement for younger children aged 0 to 9 years was statistically explained by a combination of male gender, behavioural problems, parents’ high risk lifestyles, hospital referral, the number of investigations and neighbourhood area socioeconomic disadvantages. The increased risk of placement for older children aged 10 to 17 years was statistically explained by a combination of behavioural problems, police reporting, the number of investigations and neighbourhood area socioeconomic disadvantages. Neighbourhood area socioeconomic disadvantages significantly contributed to the increased risk of out-of-home placement for all children, but this factor is most influential when it comes to younger children.


3. Child welfare services and risk of child maltreatment rereports: do services ameliorate initial risk?

 Fuller, T. and M. Nieto Child Youth Serv Rev Ahead of print [Epub 28/11/2013].

SUMMARY: Although considerable public policy and research has focused on children removed from their homes following a CPS response, the vast majority of maltreated children remain in their homes, either with or without child welfare services. Little is known about which families are provided with child welfare services or the effectiveness of these services on reducing families’ risk of subsequent maltreatment reports. Previous research examining rates of maltreatment recurrence among investigated families suggests that families who receive post-investigation child welfare services are at higher risk of rereports compared to those who do not receive services. Issues of selection bias in previous analyses – services are provided to those families at highest risk – impede our ability to draw valid conclusions about the impact of child welfare services on future risk. The current study used propensity score matching to create two groups of investigated families that were equally matching in their likelihood of receiving child welfare services, and then compared their rates of subsequent maltreatment reports over a 24-month period following the initial investigation. Results indicate that even after matching on pretreatment risk, families who received services were significantly more likely to be rereported than families who did not, suggesting that child welfare services may lack a sufficient level of effectiveness in achieving their stated goal of preventing additional maltreatment. Reasons for these findings and suggestions for future research are discussed.

4. Factors impacting prosecution of child sexual abuse, physical abuse, and neglect cases processed through a Children's Advocacy Center


SUMMARY: This study examined the impact of victim, offender, and case characteristics on the decision to accept cases of child maltreatment for prosecution. Data were collected over a 2-year period from a large southern Children's Advocacy Center, and the final sample consisted of 467 substantiated cases of child sexual abuse, physical abuse, and neglect. Logistic regression results indicated that sexual abuse cases were significantly more likely to be accepted for prosecution compared to physical abuse and neglect. Additionally, cases involving female victims and male offenders were more likely to be moved forward. When each type of maltreatment was examined separately, logistic regression results indicated that victim and offender age significantly impacted the decision to prosecute sexual abuse cases. Offender gender and age, as well as availability of medical evidence predicted physical abuse case acceptance, and offender gender and frequency of maltreatment significantly impacted prosecutorial decision making for cases of neglect.

http://dx.doi.org/10.1080/19361521.2013.836586

5. Young people transitioning from out-of-home care: a critical analysis of leaving care policy, legislation and housing support in the Australian state of Victoria


SUMMARY: Young people transitioning from out-of-home care are a particularly vulnerable and disadvantaged group. In recent years, there have been significant improvements in Victorian policy and legislation providing support to care leavers. However, these supports remain discretionary rather than mandatory, and many care leavers experience difficult transitions in key areas such as housing, health, education and employment. This study reports on a research project based on a partnership between Monash University and seven non-government child and youth welfare agencies. A key aim was to identify practices and policies that could reduce the over-representation of young people transitioning from out-of-home care in the youth justice system. The interviews and focus groups conducted with 77 stakeholders revealed major limitations in the application of leaving care policy and legislation, and associated deficits in the availability of appropriate housing. Some key implications for policy and practice reform are identified.

http://dx.doi.org/10.1002/car.2302
1. Insufficient evidence for the use of a physical examination to detect maltreatment in children without prior suspicion: a systematic review


OBJECTIVES: Although it is often performed in clinical practice, the diagnostic value of a screening physical examination to detect maltreatment in children without prior suspicion has not been reviewed. This article aims to evaluate the diagnostic value of a complete physical examination as a screening instrument to detect maltreatment in children without prior suspicion.

METHODS: We systematically searched the databases of MEDLINE, EMBASE, PsychINFO, CINAHL, and ERIC, using a sensitive search strategy. Studies that i) presented medical findings of a complete physical examination for screening purposes in children 0-18 years, ii) specifically recorded the presence or absence of signs of child maltreatment, and iii) recorded child maltreatment confirmed by a reference standard, were included. Two reviewers independently performed study selection, data extraction, and quality appraisal using the QUADAS-2 tool.

RESULTS: The search yielded 4,499 titles, of which three studies met the eligibility criteria.

The prevalence of confirmed signs of maltreatment during screening physical examination varied between 0.8% and 13.5%. The designs of the studies were inadequate to assess the diagnostic accuracy of a screening physical examination for child maltreatment.

CONCLUSIONS: Because of the lack of informative studies, we could not draw conclusions about the diagnostic value of a screening physical examination in children without prior suspicion of child maltreatment.

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 sub-section on abuse, neglect and violence.

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

Australian Childhood Foundation

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

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

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

Australian Institute for Family Studies (AIFS) – Seminar series

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

Events calendar:

Adult Survivors of Child Abuse (ASCA)

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

Website:

Workshops:
Caraniche Training and Research

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

Website:

Training and research:

Centre for Community Child Health (CCCH)

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

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

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

Child Abuse Consultancy Education and Training (CACET)

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

Website:

Child Wise

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

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

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

Compass Seminars Australia

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

**Website:**

**Events calendar:**

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**ENCOMPASS - Family and Community**

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

**Website:**

**Training schedule:**

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

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

**Website:**

**Training and events calendar:**

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**In Safe Hands**

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

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

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

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

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**Mental Health Professionals Network**

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

**Website:**

**Webinars:**

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

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

Website:

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:

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

USA

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

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

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

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

**UK**

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

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

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

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**Chadwick Center for Child and Families**

**USA**

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

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

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

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

**USA**

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

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

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

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

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**UK**

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

USA

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

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

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

Events calendar:
http://www.nspcc.org.uk/inform/informhub_wda49931.html
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://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.
The Institute of Child Protection Studies, Australian Catholic University

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

Website:

National Association for the Prevention of Child Abuse and Neglect (NAPCAN)

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

Website:

National Child Protection Clearing House (NCPCH)

The NCPCH is an information, advisory and research unit focused on child abuse prevention, child protection and out-of-home care.

Website:
International

California Evidence Based Clearinghouse (CEBC)
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/
and Prevention (CDC) of the US Department of Health and Human Services. It provides general information on violence and violence prevention, as well as statistics on sexual violence, preventing violence against women, fact sheets, definitions and data sources.

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

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

Access DynaMed:

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

Access First Consult:

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

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

Minnesota Center Against Violence and Abuse (MINCAVA)
USA
MINCAVA provides research, education, and access to violence related resources through the MINCAVA Electronic Clearinghouse. As well as articles, research and bibliographies the website contains information about training resources and courses.

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

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

Website:

National Sexual Violence Resource Center (NSVRC)
USA

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

To search and access one or both collections, use the link provided below.

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

Search the NSVRC Library database:
http://207.67.203.54/N80002Staff/OPAC/index.asp

National Criminal Justice Reference Services
USA

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

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

New Zealand Family Violence Clearinghouse

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

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

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

Sexual Abuse Survivors Trust

NZ

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

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

Sexual abuse of Males - Jim Hopper

USA

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

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

Welsh Child Protection Systematic Review Group

UK

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

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

## January 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<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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## February 2014

<table>
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<th>Type</th>
<th>Event Description</th>
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<tr>
<td>2-5</td>
<td>Conference</td>
<td>Cooperation and conflict in the family</td>
<td>Sydney, NSW</td>
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<td>19-21</td>
<td>Conference</td>
<td>Helping families change 2014</td>
<td>Sydney, NSW</td>
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</table>
References


43. Parrish, C., et al., Childhood adversity and adult onset of hypertension and heart disease in Sao Paulo, Brazil. Prev Chronic Dis. Ahead of print [Epub 07/12/2013].


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.