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POSTER PRESENTATIONS
Prevalence, patterns, and perceived consequences of child maltreatment at home among secondary school students in Ibadan North Local Government, Oyo State, Nigeria

Monday, 29th August - Poster Presentation - Poster

Mr. Abayomi Tolu Olarinmoye (TBD)

Child maltreatment includes all forms of physical and/or emotional ill-treatment, sexual maltreatment, neglect or commercial exploitation. This phenomenon results in harm to a child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power. The nature and magnitude to which secondary school students have experienced maltreatment has not been fully explored in many developing countries, which might inform prevention interventions.

This study was conducted among 422 students using a two-stage sampling technique. Secondary schools in IBNLGA were stratified into public (87) and private (30) schools and three were selected from each stratum. One arm was selected from each class of Junior Secondary School 1 to Senior Secondary School 3. In the second stage, respondents were selected using proportional allocation. Permission was sought from all schools and assenting students were interviewed. A pre-tested, semi-structured, interviewer-administered questionnaire was used to collect information, using a validated version of ISPCAN Child Abuse Screening Tool. A child was maltreated if he or she experienced at least one form of maltreatment. Maltreatment was measured under four domains: emotional, physical, sexual and neglect on a 28-point scale.

Age of respondents was 13.9±1.8 years, 52.1% were females, 69.5% lived with their parents, while 30.5% lived with guardians. The overall prevalence of at least one form of maltreatment was 97.2%. Forms of maltreatment reported were emotional maltreatment (85.3%), physical maltreatment (81.8%), sexual (47.4%) and neglect (55.9%). Respondents whose fathers attained below tertiary education (41.7%) were significantly more likely to experience all forms of maltreatment compared with those whose fathers attained tertiary education (21.2%).

All forms of child maltreatment were highly prevalent among Ibadan North LGA secondary school students. Implementation of policies and programmes to address the risk factors of child maltreatment and prevent its perceived consequences among the students are therefore recommended.
Eradicating child trafficking in Ghana: The role of tourism service providers/professionals

Monday, 29th August - Poster Presentation - Poster

Mr. Emmanuel Kakraba (Kra Integrated Solutions Ltd)

A critical analysis of the various approaches adopted to prevent child trafficking (undocumented, irregular and forced migration) in Ghana reveals that, training, capacity building and educational programs are concentrated on the law enforcement agencies and other few social welfare organizations.

However, the initiator of this project is of a firm belief that tourism, travel and hospitality businesses, service providers and professionals have the ability to provide that vital, but taken for granted link, which is missing in Ghana’s and or the international effort to prevent, detect and deter child trafficking.

The core service (value chain activities) that underpins the tourism, travel and hospitality industry includes:

- Accommodation facilities
- Transport services providers
- Food service providers
- Recreational, leisure, entertainment and sports facilities

From a professional perspective, the above enumerated tourism services or facilities constitute the oil that fuels the international child trafficking industry as perpetrators can hardly operate without accessing and using any of the tourism services mentioned above especially transportation services which is also a major component of the definition of trafficking and smuggling of persons by the United Nations.

It is difficult to imagine how child trafficking could thrive and flourish anywhere in the world if for instance, majority of the stakeholders operating within transport services were trained to acquire and acquaint themselves with the prerequisite skills and tools to identify perpetrators and victims of child trafficking.

Objectives:

To persuade, encourage and impress upon tourism, travel and hospitality companies, businesses, service providers and professionals as well as all corporate entities to integrate anti-human trafficking and migrants smuggling as a major corporate social responsibility program

To lobby and advocate for a formidable policies formulation paradigm shift towards government ministries, agencies, departments, authorities and decision makers assuming greater political capacity and mastery to addressing the critical issues of socio-cultural, economic development and humanitarian concerns which are key pull and pull factors for child trafficking

To mount a continues and sustained outreach and awareness creation campaign

Confront child trafficking by working closely with other stakeholders such as the media, law enforcement agencies, diplomats, donor agencies, government departments and agencies

To provide education, capacity building and training programs
Methods:
Policy initiation & development
Research, analysis & monitoring
Information sharing & consultation
Training, capacity building and sensitization
Active & direct preventive collaboration facilitation

Results:
A significant reduction and or total amelioration of child trafficking within high prevalence Ghanaian societies and or communities
Successful prosecution of child trafficking perpetrators to serve as a deterrent to existing or potential perpetrators
Increase in the coordination and symbiotic relations between all actors and stakeholders working to eradicate child trafficking and within Ghana
Assist victims of child trafficking acquire education, training, and employable skills for a successful reintegration into their societies and communities
Support in achieving an end or to prevent child trafficking which has unfortunately caused so many children to live under very deplorable and inhumane conditions sometimes resulting in fatal and painful deaths

Conclusion:
The conceptualization, development and steps being taken to implement this project emanates from the hands on experiences and insights on human trafficking and migrants smuggling (undocumented, forced and irregular migration) gained by the project initiator whilst working as an Immigration Officer.

He therefore considers this project as a call to duty to serve humanity and as such any support for project implementation will be a worthwhile investment or corporate social responsibility.
Background
Child-headed households are a reality the rationale for this specific effort arose from the desire to get a better understanding of the magnitude of the child-headed household problem in Mityana. The total population of Mityana District according to the 2002 Population and Housing Census was 265,994 of which 132,989 are males and 133,005 females with a 2.8% growth rate. The total number of households was 61,406 and average household size was 4.4. More than 60% of the population are under 18 years of age, of which children below 8 years are estimated at 90,969. Of these, 46,017 are between 0-4 years.

Facts
Globally, in 2010, 152 million young workers live in households that are below the poverty line (US$1.25 per day) comprising 24% of the total working poor of which 12.5% are a categorization of youth in child headed households, GCHI study shows that the high rates of unemployment discourage youth from getting married because they won’t have enough means to build a family. In late 2011 Uganda’s youth unemployment rate was at 83% this calls from urgent interventions from all the stakeholders in our country.

Conclusion
Many children in Mityana are living in poverty and hunger, exacerbated by the AIDS epidemic, which has had a serious impact in Mityana where my own Giving Children Hope Initiative (GCHI) operates a couple of years back GCHI carried out a study on child headed households in the end we recognised very strongly that the existence of CHHs is a reality and shows that priority needs of these children include shelter, food, and reliable source of income, education. It is dedicated to the hundreds of child household heads who have exhibited enormous energies and resilience in providing care and protection for themselves and siblings despite the high youth unemployment levels in Uganda.
Street children in Pakistan

Monday, 29th August - Poster Presentation - Poster

Mr. Waheed Ahmad (Pakistan Labour Federation)

Most street children came from large families which had recently moved to the city in search of economic opportunities. Their parents had low education levels and were either unemployed or employed in unskilled occupations. Poverty clearly was an important factor. The majority of the children moved to the street to augment family income.

An estimated 1.5 million children are on the streets of Pakistan’s major cities, constituting the country’s largest and most ostracised social group. These include ‘Runaway’ children who live or work on the street, as well as the minority that return to their families at the end of the day with their meagre earnings.

These children beg and scavenge around rubbish dumps or industrial waste sites or take on menial jobs as cart pushers or dish washers, working 12-15 hours a day to earn around 100 rupees or US.1- enough to buy a meal if they are fortunate. Most survive by prostituting themselves, stealing or smuggling, making them vulnerable to contracting sexually transmitted infections, HIV/AIDS, Tuberculosis, Jaundice and liver or kidney disorders. A large proportion sniffs cheap, readily available solvents to starve off hunger, loneliness and fear.

The problem is getting worse as more and more poor parents with large families are unable to make ends meet and their children end up in the streets of cities and towns.

Important issues were parental exploitation, police harassment, abuse, and the impact of other street peers in their lives.
Conceptualizing a mobile app for foster youth transitioning to adulthood: A mixed-method approach

Background

Despite the promise of mobile smartphone apps (app) in addressing challenges faced by foster youth transitioning to adulthood, the literature devoid of conceptual frameworks for the development of these apps, particularly from the perspective of those most impacted: foster youth and alumni!

Objectives

This study utilized a sample of foster youth and alumni (N = 23) to explicate a conceptual framework germane to developing an app designed to assist youth in the transition from foster care to adulthood. Ancillary objectives included examining priority differences between foster youth and alumni.

Method

To meet the objectives of this study, researchers employed Concept Mapping (CM). CM is a participatory, mixed-method research methodology that analyzes qualitative data via quantitative device, namely multidimensional scaling and hierarchical cluster analyses. Through these analyses, visual depictions of the data were generated. These depictions allowed the researchers to explore complex relationships among the data.

Results

Results yielded a seven-cluster solution or Concept Map. Clusters included Accessibility, Peer Connections, and Mentorship Guidance, to name a few. Additional analyses revealed no difference in the way that alumni prioritized areas of the conceptualization, when compared to youth current in care.

Conclusions

Technology can be influential in assisting youth transitioning from foster care to adulthood. To date, child welfare systems have been slow to develop mobile technologies to meet this aim. In order to access the promise of this innovation, researchers should utilize participatory, methodological approaches that access the voice of foster youth and alumni. This study sought to meet this aim. Participants who engage in this presentation will: appreciate the potential for apps in improving services, specifically when working with foster youth; understand study findings; and, consider CM a viable research method for developing and evaluating future mobile technologies in child welfare.

Reference

In and out of home care decisions: The influence of confirmation bias in developing decision supportive reasoning

Monday, 29th August - Poster Presentation - Poster

Prof. Trevor Spratt (Trinity College Dublin), Dr. John Devaney (Queen’s University Belfast), Dr. David Hayes (Queen’s University Belfast)

Objectives The research reported here is part of an international study in child protection decision-making. The aims of this study were to identify the factors Social Workers regard as important in supporting decisions to remove children from, or return them to, the care of their parents and to elicit the hypotheses underlying the interpretation of evidence in the decision-making process.

Method A case study, comprising a two-part vignette with a questionnaire, recorded demographic information, child welfare attitudes and risk assessments, using scales derived from standardised instruments, was completed by 202 Social Workers in Northern Ireland. There were two manipulated variables, mother’s attitude to removal (in part one) and child’s attitude to reunification (in part two). Data derived from respondents’ comments explaining their reasoning for in and out of home care decisions were analysed.

Results Some 60.9% of respondent’s chose the ‘remain in parental care’ option at part one, with 94% choosing to have the child ‘remain in foster care’ at part two. The manipulated variables were found to have no significant statistical effect. However, three underlying hypotheses were found to underpin the decisions, (a) child rescue, (b) kinship defence and (c) a hedged position on calculation of risk subject to further assessment.

Conclusion Reasoning strategies used by Social Workers to support their decision-making suggest that they tend to selectively interpret information either positively or negatively to support pre-existing underlying hypotheses. This finding is in keeping with the literature on ‘confirmation bias’. The research draws attention to the need to incorporate open questions in quantitative studies, to help guard against surface reading of data, which often does not ‘speak for itself.’ Social Workers should endeavour to make their underlying hypotheses explicit in decision-making processes.
Using concept mapping as a planning tool: Child welfare citizen review panels

Monday, 29th August - Poster Presentation - Poster

Dr. J. Jay Miller (University of Kentucky), Dr. Blake Jones (University of Kentucky)

Background
Participation of an engaged citizenry has long been recognized as a pertinent component of child welfare service delivery, specifically maltreatment prevention. One way this participation has manifested in the U.S. is through the formation of Citizen Review Panels (CRPs). CRPs are groups of citizen volunteers authorized by federal law to examine state child welfare agencies and make recommendations for systemic improvement.

Objective
Despite the federal mandates for CRPs, the millions of dollars of resources allotted to the panels, and the potential that these panels have in improving the child welfare system, there is nominal research literature related to CRPs, particularly planning and evaluation processes. The objective of this study was to use concept mapping (CM) to outline a framework for planning and subsequently evaluating the CRP in one southeastern state.

Method
CM is a mixed-method approach that uses multi-dimensional scaling and hierarchical cluster analyses to explore an area of study. Through these analyses, the method creates visual depictions of conceptual relationships between ideas.

Results
Data yielded a seven cluster concept map that CRP members utilized for planning processes, and subsequently for developing an internal evaluation tool. The final cluster solution included clusters such as Internal Group Communication, Leadership, and Meeting Guidelines, to name a few.

Conclusion
The researchers posit that CM is a versatile research methodology that can be utilized in organizing and evaluating citizen involvement in child welfare systems. This study contributes to an empirical knowledge base pertaining to planning models for volunteer citizen groups in child welfare, thus addressing a literature gap. Participants who engage in this presentation will: appreciate the involvement of citizens in child welfare service development, implementation, and evaluation; understand findings related to this study; and, consider CM a viable research method for state citizen-group planning and evaluation endeavors.

Reference
Barriers to reporting child abuse encountered by emergency department physicians in Nova Scotia

Monday, 29th August - Poster Presentation - Poster

Dr. Alyson Holland (IWK Health Centre, Division of Pediatric Emergency Medicine), Dr. Amy Ornstein (IWK Health Centre, Department of Pediatrics), Dr. Katrina Hurley (IWK Health Centre, Division of Pediatric Emergency Medicine), Dr. Janet Curran (IWK Health Centre, Division of Pediatric Emergency Medicine)

BACKGROUND: Sentinel injuries identified but not reported have been found in almost 30% of children that present with life-threatening injuries secondary to abuse. Child abuse often goes unrecognized in the emergency department. Previous studies of pediatricians identified perceived barriers to reporting suspected child abuse including diagnostic uncertainty, insufficient feedback from child protection services, insufficient time for patient assessment, fear of lawsuits, and prioritizing medical treatment. To the best of our knowledge, there are no published Canadian studies on barriers to reporting child abuse perceived by non-Pediatric physicians working in mixed, non-tertiary emergency departments. We hypothesize similar barriers identified in the literature may be discussed by our study participants, but the study allows for identification of unique issues perceived by this physician population.

OBJECTIVE: To identify and describe perceived barriers to reporting child abuse by emergency and family physicians working in regional and community emergency departments in Nova Scotia.

METHOD: This qualitative study is based on grounded theory. Participants will be recruited from emergency departments with a range of patient volumes and resources. Focus groups of 3 to 10 physicians in regional emergency departments will be conducted in 4 of 8 health districts in Nova Scotia, Canada. One-on-one interviews with 1 to 2 physicians in community emergency departments will be conducted in the remaining 4 districts. Focus group and interview discussions will be transcribed and analyzed using thematic content analysis.

RESULTS: Data collection will occur between April and October 2016. Preliminary results will be available by August 2016. Results will be presented as themes derived from transcripts with examples of narrative text.

CONCLUSIONS: The results of this study will inform future work developing policy and education interventions in emergency departments to improve reporting of child abuse. Future nation-wide studies of the issue could further disseminate and build on Nova Scotia data.
Health of a nation is determined by the health of its population. Rising population, higher infant mortality rates, lack of pure drinking water, food insecurity, education emergencies, war in the name of religion, rising higher costs of living and gradual unemployment creates unhealthy sick nations and thus affects global health.

Nations at war continue to feed their greed for domination. Pakistan is the sixth most populous country in the world with one of the poorest adherence to Child Rights in any form. Majority of the children live in poverty, where home environments provide little scope for play and recreation. Most of the public parks are not made public for children, not allowing children to come and play and while the parks that are accessible to children lack hygiene and security, thus posing a high risk on child safety. Lack of access to facilities, dangerous and neglected neighborhoods, a sense of powerlessness and unsafe city environment- all serve to exclude the poorest children from realizing article 31 - Under CRC.

Rights of Play must be endorsed by civil society and the state itself – governments must find ways to get rid of the things that get in the way for time for play and Rights to play must be a basic right for all children.
Measuring global trends in child care & supervision: Evidence from international household surveys

Monday, 29th August - Poster Presentation - Poster

Dr. Mónica Ruiz-Casares (McGill University & SHERPA—Institut Universitaire), Dr. Youssef Oulhote (Harvard School of Public Health), Mr. Viet Anh Tran (CHU Sainte-Justine)

Objectives

Lack of quality child supervision has been identified as risk factor for child injuries, antisocial and risky behaviors, poorer school performance, and negative developmental outcomes. Population-based data on this phenomenon is scarce, particularly in low- and middle-income countries.

Method

This paper presents a global study to assess the prevalence of non-adult supervision of children under five and the factors associated with that practice cross-culturally. Descriptive and multivariate analyses were conducted using key indicators of child development and supervision across more than 70 countries participating in the Multiple Indicator Cluster Survey (MICS) 3-5 and the Demographic and Health Surveys (DHS) VI. Findings were complemented with semi-structured interviews with over 30 child development and protection professionals in participating countries and regions.

Results

Both MICS & DHS provide internationally comparable statistical estimates of socioeconomic and other indicators to monitor child care and supervision of children in selected low- and middle-income countries. Factors associated with use of non-adult care varied significantly across countries and survey wave, with no single socio-economic trait yielding consistent results across all locations and time periods. Additional factors provided as plausible explanation of results are not included in current measures and therefore need to be tested by other means. Evidence on child supervision is critical to inform policy-makers as well as clinicians.

Conclusions

Despite their limitations, international household surveys provide a valuable tool to monitor child care and supervision practices. Qualitative & ethnographic work is needed to interpret results. Recommendations are provided for improved measurement of non-adult child care and supervision and to inform the development of suitable policies and interventions to enhance child supervision in low- and middle-income countries.
Are donor-led interventions effective in fighting child abuse in Eastern Africa?

Monday, 29th August - Poster Presentation - Poster

Ms. Shamilah Kanamala (MMAKS ADVOCATES), Mr. Samuel Kyambadde (Eriro Foundation)

Extensive literature exists about the terrible child abuse practices in Eastern Africa. The literature covers criminal and other illegal practices such as child labor, child sexual abuse, child abduction, ritual child sacrifice, child soldiers, and vulnerable children such as orphans and those living in child headed homes (due to wars and HIV/AIDS). Much has also been written about the increasing numbers of street children.

But there is scanty information about the effectiveness of the donor-funded programs, despite the fact that over the past decades large amounts of donor funds have been spent on addressing child abuse and child neglect issues. The purpose of this paper is to contribute towards bridging this knowledge gap.

The objectives of the paper are:

1. To examine the patterns and trends of donor-led interventions against child abuse in Eastern Africa.
2. To identify best models of practice for implementing such donor-funded interventions.
3. To identify weaknesses in design and implementation of donor-funded interventions against child abuse in Eastern Africa.
4. To provide policy recommendations for improving the impact of the donor-led interventions against child abuse in Eastern Africa.

The methodology adopts a desk review approach, supplemented with primary data obtained from civil society actors responding to web-based interviews.

The results of the study indicate that donor-led interventions against child abuse in Eastern Africa tend to be ad-hoc, lacking in effectiveness and proper coordination. True accountability is masked by ‘creative accountability’, i.e. the evil practice of forging accountability documents. Monitoring systems are extremely weak. In conclusion, the paper calls upon donors to put more emphasis on transparency, especially by harnessing modern ICT technologies to support the sustainability and visibility of community-based interventions against child abuse.
Understanding how children die in South Africa: Learning from the child death review pilot

Monday, 29th August - Poster Presentation - Poster

Prof. Lorna J Martin (Division of Forensic Medicine, Department of Pathology, University of Cape Town), Prof. Shanaaz Mathews (University of Cape Town), Ms. Joan van Niekerk (Independent)

Large numbers of children die yearly as a result of fatal violence in South Africa, with the child homicide rate estimated to be more than double the global homicide rate. Child death review teams have been established in high income settings to systematically review deaths from birth to adolescence as a public health response to identify preventable deaths and improving health and child protection. The aim of this CDR pilot was to establish the efficacy of CDR teams in a middle income setting in order strengthen health and child protection systems.

CDR teams was established at two pilot sites in South Africa and all child deaths were reviewed at the two sites for the period 1st January 2014 – 31st December 2014. Data was collected on the demographics of the child, cause of death, circumstances of the death and social context of the family. In addition modifiable factors in all cases were also documented.

A total of 711 cases were reviewed, with more than half (53%) of the deaths due to natural causes and 43% non-natural causes. Most (96%) of the natural deaths occurred in the under-5 age group and with the burden highest in the under one age group. Overall the most likely cause of death was lower respiratory tract infections followed by homicide and road traffic injuries. As children got older the risk for homicidal deaths increased with 45% of the homicide in the 15-17 year age group. The burden of fatal child abuse was found to be among the under-5 year old group with 78% of the fatal child abuse cases in this age group.

CDR teams have shown efficacy in better identifying deaths due to child abuse and neglect through a multi-disciplinary approach and regular case reviews.
An alternative view on the collection and use of data for the inclusion of children with disabilities in education in Zimbabwe

Mr. Dennis R Mafukidze (Plan International), Dr. Sylod Chimhenga (Zimbabwe Open University), Dr. Bartholomew Mupeta (National University of Science and technology)

Introduction
The study sought to avail new thinking on the improvement in the collection and use of data on the inclusion of Children with Disabilities (CWD) in the education system in Zimbabwe.

Background/Problem
By adopting the United Nations Convention on the Rights of People with Disabilities, Zimbabwe has committed itself to supporting disability inclusive development (Article 32), and to collecting appropriate information, including statistical and research data (Article 31). Two years on, the marginalization of Children with Disabilities (CWD) in the education system in Zimbabwe is not getting any better. Disability is still largely absent from data collection and monitoring mechanisms in the education system in Zimbabwe. This translates to limited information on which to base Inclusive Education advocacy, policy development and effective resource mobilization and utilization. The researcher, an Inclusive Education Coordinator with an International NGO in Zimbabwe, has also noted that there is inadequate reliable statistics to base decision making on the implementation of disability inclusive education.

Research settings and methods
The study was conducted in Tsholotsho, a district in the Matabeleland Province of Zimbabwe. A descriptive design was used. The participants in the study included: CWD, Special needs teachers, Headmasters, parents, Officers from local NGOs and others. The duration of the study was one year.

Results
The research came out with an alternative data collection system, which was unique, integrated, comprehensive, low cost, non-elitist and participatory. This novel possibility was expected to avail user-friendly, consistent and real time evidence to enhance decision making on the inclusion of CWD in Primary and Secondary Education. In line with current development thinking, participatory models are expected to enhance ownership and sustainability by all key stakeholders.
Can the devil cause a physical child abuse?

Monday, 29th August - Poster Presentation - Poster

Dr. Khalid Danish (King Fahad Military Medical Complex- Dhahran), Dr. Ahmed Oqailan (King Fahad Military Medical Complex- Dhahran), Dr. Amal Buchamsein (King Fahad Military Medical Complex- Dhahran)

2. Higher Educational Degree in Forensic Medicine/Pathology & Toxicology/ 2008 Jordan.
4. Hospital, Child Abuse Protection Center / Saudi Arabia.

Keyword: Child Abuse, Injuries, Medico Legal aspects and Satanic Ritual Abuse.

Physical Child Abuse defined as a form of maltreatment in which an injury is inflicted on the child by a caregiver via various nonaccidental means.

The term “satanic ritual abuse” is used to describe different behaviors actions and allegations that lie between extremes of definitions.

In 1987 a list of “indicators” was published by Catherine Gould, featuring a broad array of vague symptoms that were ultimately common non-specific and subjective, capable of diagnosing Satanic Ritual Abuse “SRA” in most young children. By the late 1980s allegations began to appear throughout the world.

In this scientific poster I would like to present 2 cases which presented to Child Abuse Protection Center in Saudi Arabia.

1. A boy Four years old presented with devastating Scald Burn involving lower limbs, butticks. Both parents were accusing The Devil as perpetrator.

2. A boy Three years old presented with seizures disorder with non specific EEG, at this point giving medication and follow up appointment, No compliance as parents accusing The Devil as perpetrator.

Both patients referred by higher authority to Speciality Hospital.
Social workers’ knowledge of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD): Implications for risk assessment practices with mothers

Ms. Lynn Barry (Ph.D. candidate, Memorial University of Newfoundland)

For some women, Premenstrual Syndrome (PMS) and the more severe Premenstrual Dysphoric Disorder (PMDD) (DSM-V), seriously impact their ability to cope with daily life. Approximately 3-9% of women struggle with PMDD, greater than the incidence of schizophrenia or bipolar disorder. The impact of premenstrual disorders on women’s lives, and particularly parenting, is under-recognized by many helping professionals who assess mothers in voluntary and involuntary contexts. In the field of maltreatment, “false positive” assessments of mothers failing to address PMS/PMDD can overestimate risks to children during non-symptomatic weeks of the month. This can result in children being apprehended and mothers being needlessly traumatized in response to the symptoms of a treatable condition not present all the time. Conversely, if safety or risk is assessed during the follicular phase of the menstrual cycle when premenstrual symptoms are not present, mothers can be wrongly assessed as presenting no risk to their children, resulting in “false negative” conclusions with potentially tragic outcomes.

The objective of this session is to highlight the doctoral research results of the presenter in a practical manner, addressing premenstrual knowledge issues and implications for social work practice with mothers experiencing PMS/PMDD.

This exploratory study used a triangulated convergence design to generate complementary data from both quantitative and qualitative methodologies. The results indicate that social workers with the greatest premenstrual knowledge had personally experienced PMS/PMDD, and also had the most severe symptoms. Only one mother reported having had a client voluntarily discuss PMS/PMDD and only 27 (5.1%) of 521 social workers initiated premenstrual inquiries in their assessments. It is currently not typical social work assessment practice to ask mothers about PMS/PMDD. Premenstrual knowledge and training were significantly associated with greater likelihood of inquiring about premenstrual experiences.
7 Steps to safety – Secret steps to empowering strong communities

Mr. Michael Pecic (In Safe Hands Educators In Safety Pty Ltd)

Participants will also be provided with an outline of the Essential Child Protection Training System. This is a fresh new approach to Child Protection training that encompasses three distinct phases that combine to guarantee a comprehensive best practice approach to Child Protection that can be readily and easily adopted by professionals. Phase one, “7 Steps 2 Safety”, teaches protective habits which can be embedded in the entire community as a universal preventative strategy. Next, our early intervention phase, “A Helping Hand”, focuses on a contemporary approach to identifying children at risk, and positions the early years education and care sector as a vital community force in the national effort to prevent child abuse.

The workshop is designed to provide professionals with a unique and extensive insight into cultural values, family dynamics and pressures experienced by families today. This workshop will equip participants with practical strategies to be used in establishing best practice, hands on strategies to support families and create a healthy community. With a clearer understanding of families within a broader social context, and an ability to recognize indicators and predictors of stress, professionals will be able to identify possible concerns earlier and facilitate early intervention.

Learning Outcomes:

• How to conduct an environmental SCAN focusing on cultural values, family dynamics and pressures experienced by families today;
• Understanding contemporary methodologies;
• Implementing a “Helping Hands Bank” for your community;
• Understanding mental health issues;
• Dealing with concerns surrounding children with separated parents;
• Risk management processes to protect your work environment;
• 7 Steps to Safety program
Intricate legal jargon in the juvenile court of varied jurisdictions across South Asia and counting the voice of a child

Monday, 29th August - Poster Presentation - Poster

Mr. AQM NASIR UDDIN (Government of Bangladesh)

Abstract

Participation of litigant children in juvenile court proceedings is critical for ensuring their best interest, but intimidating and confusing court proceedings make it a far cry. Being a Judge in a juvenile court of Bangladesh, I often feel that Probation Officer who is working for Child protective services along with caseworkers and families involved in juvenile court regularly face the scary task of understanding the court process due to acute role of court personnel, intricate legal jargon, and court’s expectation to them. As a result, litigant children fail to receive proper use of best practices of the juvenile court.

Against this backdrop, the paper argues that Probation Officer, Child Affairs police need to be more competent in taking the helm of the juvenile court process to deliver positive outcomes for affected children and families. To elaborate the debate, it will discuss the responsibilities of probation officer, caseworkers, lawyers and judges at each step of a family’s involvement with the court in Bangladesh jurisdiction. Further it will present a flow chart of juvenile court process with a view to illustrating a comparative insight on similar jurisdictions across south-Asia. Finally, the discussion will conclude with some recommendations on improving participation of a child in juvenile court and how the voice of a child can be counted in the process of litigation.
Clinical profile of drug-facilitated sexually-assaulted female adolescents at the child protection unit of the Philippine General Hospital from January 1, 2009 to December 31, 2009

Objective: To determine the clinical profile of drug-facilitated sexually-assaulted (DFSA) females who consulted at the Philippine General Hospital Child Protection Unit (PGH-CPU) between January 1, 2009 to December 31, 2009.

Design: Retrospective Database Review

Setting: Study was done at the PGH-CPU, a child-friendly unit using a multi-disciplinary approach and networking in providing comprehensive medical and psychosocial services to abused children and their families.

Patients/Participants: Female adolescents aged 11-18 years old with history of DFSA, the substance either taken alone or with alcohol.

Main Outcome Measures: Prevalence of DFSA, clinical profile of patients. Means and standard deviations were computed at 95% confidence interval.

Results: There were 66 DFSA out of 474 sexual abuse cases among female adolescents 11-18 years old (prevalence rate: 13.9%). Most are 14-16 years old (Mean: 14.9, Standard Deviation: 1.41, 95% C.I.). Mostly come from National Capital Region, majority from Manila comprising 39.39% of consults. Majority of patients belong to the low socio-economic class (81.82%). Patient’s assailants were mostly related to them to the first degree, with assailants being a friend, neighbor, classmate or boyfriend (45.5 %). Alcohol is the most prevalent substance used in sexual assault (89%). Weakness, blackout/loss of consciousness and dizziness are the most common symptoms experienced by patients after intake of substance/alcohol.

Conclusions/Recommendation: DFSA occurs mostly in female adolescents belonging to the low socio-economic class, most of them aged 14-16 years. Alcohol is the most common drug/substance used in sexual assault, however other date-rape drugs are also being used. Standardizing interviews using a questionnaire focusing on symptoms, previous history of drug and alcohol use, and confirming the presence of drugs using routine urine test kits may help in documenting and establishing drug-facilitated sexual assault.

KEY WORDS: drug-facilitated sexual assault, date-rape, alcohol, date-rape drugs, adolescent females
The Power of Penguins

Monday, 29th August - Poster Presentation - Poster

Mrs. Sue Foley (The Children’s Hospital at Westmead NSW, Australia), Ms. Jenny Rose (The Children’s Hospital at Westmead NSW, Australia)

How can 300 plus Penguins help with therapy?

This poster will illustrate the way ‘Penguins’ in an office/therapy room contributed to engagement of reluctant children; provided a neutral symbol through which to discuss relationships; created a warm and predictable space and offered a symbol of ‘therapy’ and ‘help’ that was friendly familiar and recognisable. They became projection objects, examples of difference and places of comfort.

Engaging in therapy is a challenging process for children with complex trauma. It is also a challenging process for clinicians who are at risk of suffering significant distress or secondary trauma. After 11 years, the room was emptied as I left this position, but an occasional penguin appears and the picture on the door remains!!

The story of several families’ engagement with the penguins and examples of the meaning that clients and families made of penguins will be told on the poster.

The ‘Penguins’ became calming attachment figures. Clients and colleagues would tell me they saw penguin items or visited penguins in zoos and thought about their experience of therapy – sometimes fun and helpful, sometimes as a source of comfort.

The Poster will be interactive and encourage creative engagement and attachment processes. Come and bring ideas of symbols like the Penguins that you have used.

You will have a chance to add to this discussion at the poster station.
The tapping phenomena for treatment of trauma in parents and young people

Monday, 29th August - Poster Presentation - Poster

Mrs. Sue Foley (The Children’s Hospital at Westmead NSW, Australia), Ms. Jenny Rose (The Children’s Hospital at Westmead NSW, Australia)

This poster will outline and discuss the power of this form of rhythmic therapy for trauma and hyper-arousal and provide illustrating examples of its use in assessment and therapy. This approach works well in assisting anxious parents and young people with signs of trauma memories, anxiety feelings and triggers in their and relationship struggles.

A short version of the strategies that authors have been found to be helpful for ourselves, colleagues and clients will be documented and the theory, processes and limitations discussed, including some case studies. We will explore ways in which this process has been found to be of great assistance for those affected by early childhood experiences of neglect or abuse, by domestic violence and by traumatic events of various types.
In all the wrong places

Monday, 29th August - Poster Presentation - Poster

Mrs. Sue Foley (The Children’s Hospital at Westmead NSW, Australia), Ms. Jenny Rose (The Children’s Hospital at Westmead NSW, Australia)

Families at risk turn up in all the wrong places for them to get help!
Using four case studies, the dilemmas of identifying and responding to the needs of children at risk in mental health, school and other settings will be discussed.
The poster will invite consideration of the gaps in the system for children and their families with complex needs, whose families are worn out and whose systems also seem to be short on energy and time.
We keep educating but babies keep getting hurt

Monday, 29th August - Poster Presentation - Poster

Mrs. Sue Foley (The Children’s Hospital at Westmead NSW, Australia), Ms. Jenny Rose (The Children’s Hospital at Westmead NSW, Australia), Prof. Lucia Williams (University of Sao Carlo)

This poster will illustrate the dilemmas in prevention of shaken and injured babies.

The authors are involved in a project seeking to educate about responding safely to a crying baby – why is implementation of programs such an important issue?

What are we missing?

How should we recognise factors that inhibit safety - mental health difficulties, drugs and alcohol and other family violence.

Is it time to take a new look at targeted education, community based education, individual and group strategies?

Those with an interest in this topic are invited to join this discussion at the poster spot and help develop a collaborative action plan. Please add your thoughts!!
How a national memorandum of understanding has structured and improved relationships between police, health and the statutory child protection service in New Zealand

Monday, 29th August - Poster Presentation - Poster

Ms. Miranda Ritchie (Health Networks Ltd), Dr. Russell Wills (Hawke’s Bay District Health Board), Dr. Patrick Kelly (Auckland District Health Board)

Introduction
Effective child protection intervention requires a collective response from multiple agencies; how agencies work together determines the outcomes. The organisations’ culture, roles and operational systems are diverse; without a collective agreement the effectiveness is dependent on individuals.

Objective
The objective of the Memorandum of Understanding (MOU) between the New Zealand Police, Child Youth and Family (CYF) (statutory child protection service) and all (20) district health boards (DHB) (public health service) was to establish a national child-centred protocol for child protection interagency collaboration. The MOU is the overarching document that schedules (specific protocols) are attached.

Method
The development of the MOU and the associated schedules will be described. Each party needed to allocate resource, commit to remaining grounded in frontline practice and appreciate the differences and similarities of the three parties. The MOU and initial schedule (management of children admitted to hospital with suspected/actual non-accidental injury) were the culmination of eighteen months’ work.

Results
The MOU was signed at parliament in 2011; in 2012 the document was endorsed by all parties. In 2013, a second schedule for the placement of a CYF social worker in DHBs was also signed by all parties. The feedback from the parties is that it has strengthened the way the organisations work together with improved information sharing. In the event that issues arise there is a defined process to follow. The process is responsive to need; in 2016 two additional schedules are being progressed: 1) management of children exposed to clandestine laboratories and 2) management of children who are having their medical care neglected.

Conclusion
Formalised processes for interagency collaboration describing the expected roles and responsibilities reduce reliance on individuals and enhance the collective response, improving services for children, young people and their families.
**Impact of child maltreatment on intelligence and problem behaviors in Korean Children**

Prof. Young Ho Kwak (Seoul national university hospital), Dr. So hyun Paek (Seoul national university hospital), Dr. JIN HEE JUNG (Seoul national university Boramae Medical Center), Dr. Hyun Noh (Inje university Seoul Paik Hospital), Mrs. Hwa Jung Jang (National Child protection agency), Prof. Kihyun Kim (Sungkyunkwan university), Prof. Dong Moon Yeum (International university of Korea), Prof. Jung Won Hwang (Kangwon University), Prof. Hyein Chang (Sungkyunkwan university)

Objectives: To investigate the impact of maltreatment on intelligence and problem behaviors in Korean children.

Methods: This study was retrospective observational study. We used data from the Korean National Child Protection Agency’s National Childhood Maltreatment Information System, collected between 2012 and 2014. The victims’ intelligence quotient (IQ) was assessed using the Wechsler Intelligence Scale, and problem behaviors were evaluated using the Childhood Behavior Checklist (CBCL) and Youth Self Report (YSR).

Results: The Wechsler Intelligence Scale was administered to 1,579 children (median age, 11 years; interquartile range IQR, 8–13 years; 59.0% boys). The median duration of maltreatment was 24 (IQR, 6–50) months. The median IQ was 84 (IQR, 71–95) with IQ <85 in 51.7% of the children. The neglect group IQ (median, 76.5; IQR, 62–90) was lower than that of the other maltreatment types. The CBCL (n = 94) and YSR (n = 51) were administered to 145 children (median age, 11 years (IQR, 8–13 years; 66.2% boys). The mean duration of maltreatment was 24 (IQR, 6–54) months. A comparison with normal age-matched Korean children (T scores = 50) revealed that the mean total competency, internalizing/externalizing, and all subscale scores were significantly higher in the abused children (P < 0.001). All DSM-oriented subscale scores were significantly higher than the norm in abused children.

Conclusion: Childhood maltreatment had a significant, adverse effect on cognitive and emotional function. Of the maltreatment types, neglect had the most harmful effect on IQ and significantly impaired all emotional, behavioral, and social aspects of the children’s lives.
A Public Health Approach for Rehabilitation of Street & Working Children, New Delhi, India

Monday, 29th August - Poster Presentation - Poster

Dr. Rajeev Seth (Bal Umang Drishya Sanstha (BUDS)), Mr. Yawar Qaiyum (Bal Umang Drishya Sanstha (BUDS)), Ms. Shobha Yadav (Bal Umang Drishya Sanstha (BUDS)), Ms. Sandhya Mandal (Bal Umang Drishya Sanstha (BUDS)), Mr. Ramesh Mody (Bal Umang Drishya Sanstha (BUDS)), Dr. Rajendra Srivastava (Bal Umang Drishya Sanstha (BUDS))

In developing countries, rapid urbanization is a challenging problem. Preventive healthcare and social services are abysmal, with high prevalence of abuse & neglect. In metropolitan cities, street children are runaway migrants from under served states and villages. Most of them have no formal education or job skills. Street children are subject to all forms of medical neglect and abuse, including substance abuse & are exploited as child labourers. We report a community healthcare model for protection of these vulnerable street children in urban slums of New Delhi over a period of past 15 years (2000-2015).

Pediatric physicians and multidisciplinary professionals provide their services for health care & rehabilitation to street and working children at three drop-in centers (DIC) managed by PCI, a NGO, in various slums of the New Delhi. The group has taken care of just over 25000 street children. The children are provided with primary health care, immunization, counseling, informal and vocational education A shelter home was started in the outskirts of the city in year 2005, where 347 children have been provided with formal education, health care, vocational skills & job placement. An annual child participation event (Children’s Day) is organized every year to raise their self esteem. Children express themselves through painting competitions, general knowledge quiz and cultural programs, including music, dance and theatre. They are encouraged and given awards. Children with urgent needs are referred to Child Helpline Telephone number 1098, where they receive care and protection as per Juvenile Justice Act 2000, Government of India.

Physicians and multidisciplinary professionals can play an important role in providing health care access and rehabilitation of runaway street and working children, assist in connecting them to Governmental socio-legal systems and advocate equity and justice for all children.
Child Discipline in Qatar: Qualitative vs. Quantitative approaches

Ms. Nehal Eldeeb (Weill Cornell Medicine-Qatar), Ms. Mona Korayem (Weill Cornell Medicine-Qatar), Dr. Madeeha Kamal (Hamad Medical Corporation), Dr. Khalid Alyafei (Hamad Medical Corporation), Dr. Hassan Tawfik (West Bay Primary Healthcare Center), Dr. Mohamed H Mahmoud (West Bay Primary Healthcare Center), Dr. Margaret Lynch (King’s College London), Dr. Marcellina Mian (Weill Cornell Medicine-Qatar)

OBJECTIVES:
To ascertain the nature, extent and determinants of child discipline in Qatar to develop laws and policies for effective prevention of child maltreatment and educational materials to promote positive discipline.

METHOD:
Study includes qualitative and quantitative phases. Four focus groups and 40 interviews were conducted at primary healthcare centers across Doha with Qatari mothers, young women, young men and professionals working with children, probing for general attitudes and methods of child discipline. Random household survey (1,039 mothers, 697 youth (18-24 years)) used ISPCAN Child Abuse Screening Tools: ICAST-P for mothers, ICAST-R for youth, to investigate child discipline methods into the maltreatment range.

RESULTS:
In the qualitative phase, both mothers and youth supported light hitting, but said excessive use could cause psychological harm. Quantitative results showed approximately 15% of mothers used hitting and 12% of youth experienced hitting during childhood. Mothers and youth reported maids played a significant role in raising children in qualitative phase with consequences on children’s habits, language, traditions and increased vulnerability to physical and sexual abuse. However, survey showed only 8.2% of mothers claimed to use maids in child rearing and <1% of youth listed domestic servants as perpetrators in discipline or maltreatment. Sexual abuse was discussed as common in school between peers, besides maids and drivers as perpetrators, yet only 0.6% of mothers reported their children experiencing sexual abuse and 1% of youth reported sexual abuse in childhood. Withholding privileges was highly praised as a positive discipline method by mothers and youth throughout qualitative interviews, with 55.5% of mothers later reporting its use.

CONCLUSIONS:
The household survey supported some statements in qualitative phase but not others. Possible reasons: different methodologies and qualitative questions being impersonal and indirect. Future studies in Arab populations may consider using more indirect methodologies conducted in a neutral setting not households.
Inequities in child protection intervention rates in England: the intersection of ethnicity and socio-economic conditions.

Prof. Paul Bywaters (Coventry University), Dr. Josephine Kwhali (Coventry University), Dr. Geraldine Brady (Coventry University), Prof. Tim Sparks (Coventry University), Ms. Elizabeth Bos (Coventry University)

Objectives

The aim of this paper is to outline new evidence of the extent and nature of socially determined inequities in child protection intervention rates in England. The interaction of ethnicity and socio-economic conditions are central to understanding differences in children’s chances of being placed on a child protection plan or being looked after in out-of-home care.

Methods

This paper reports findings from a study of 10% of all children in England, living in the West Midlands on 31.3.12. Local authorities provided data on all children who were subject of child protection interventions and this was linked to other sources of administrative data on demography and deprivation. In the absence of evidence about family economic circumstances, deprivation scores for small neighbourhoods were used as a proxy measure. A descriptive statistical analysis was carried out.

Findings

A steep social gradient was seen in the proportion of children subject to child protection interventions reflecting levels of neighbourhood deprivation. This was expected. However, previous reports that Black children were over-represented in child protection interventions were shown to be a misleading simplification of a complex situation. Over-representation reflected the fact that the large majority of Black (and Asian) children in this sample lived in the most deprived 20% of neighbourhoods in England. But in these neighbourhoods Black and Asian children had much lower intervention rates than those for White children. Drilling down into the broad ethnic groupings produces evidence of further important structural inequities.

Conclusions

For too long, in England, neither ethnicity nor the socio-economic circumstances of families have been a central focus of attention either of policy makers or practitioners working in child protection. This new evidence of stark and large, intersecting socio-economic and ethnic inequities in intervention rates calls for fundamental shifts in understanding and approach and further research involving international comparisons.
Sacred Harmony. A Celtic Way of Healing

Ms. Mary Jo Mc Veigh (Cara House)

The debate about effectiveness of therapeutic interventions is thick with claims and counter claims, “among professions, notably between psychiatry and psychology, loud, incessant and even hateful arguments are heard. The basic theme is that we in X profession are better equipped to minister to the psychological needs of the citizenry than you in Y profession” (Hubble, Duncan & Miller 1999, p.2).

In her thirty years as a professional in the industrial Western countries working in the trauma field with children the author has noticed that there is constant movement in and out of what is clinically in vogue. Moreover, she has noted that despite this jostling for ‘better equipped to minister’ there is a steadfast tendency to separate mind, body, and spirit, with trauma interventions giving scant attention given to the health of the spirit.

When the author enrolled in 2015 to do her doctorate of social work at Sydney University in Australia she was encouraged to consider what theoretical paradigm she was to utilize for her research. Thirty years of Western clinical training fell away in one answer, ” My ancestral wisdom, that of the Irish Celtic way“.

This workshop will introduce participants to a Celtic world view’s of the author’s ancestors which has a theory of healing that integrates body, mind and spirit. Case studies from the author’s practice with children and adult survivors of trauma will be discussed.

This discussion will delve into the Celtic theoretical paradigm of healing that is founded on the four elements of balance, integration, harmony and connection. Moreover, the workshop will explore the importance of the contribution to trauma interventions that all global cultural/spiritual healing practices make.

References

Does the system protect the most vulnerable adolescents? Victimization among youths attended by the child welfare and the juvenile justice systems

Objective: Adolescents placed in residential facilities and juvenile justice centers constitute high-risk samples. These youth have not only been exposed to severe and multiple forms of victimization, but also are more likely to be exposed to other forms of violence and revictimization while they are under the custody of the system that is expected to protect them. The present study aimed to examine the victimization experiences of adolescents while cared by public systems. Methods: The Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod, & Turner, 2005) was applied to 95 adolescents placed in residential facilities and 46 youth under the supervision of juvenile justice centers in Spain to examine the prevalence of victimization during the last year. Most of them were males (65.2%), aged 12 to 17 years old (M = 15.16, SD = 1.70). Results: Eighty-six point five percent of adolescents suffered at least one type of victimization while attended by the public system. They experienced conventional crimes (69.5%), witnessing and indirect victimization (58.2%), peer and sibling victimization (51.8%), victimization by caregivers during visits (23.4%), electronic victimization (23.4%) and sexual victimization (7.1%). Females were more likely to report caregiver (OR = 2.98) and sexual (OR = 4.94) victimization than males. Almost half of the adolescents were defined as poly-victims (30.4% were defined as low poly-victims suffering from 4-to-6 victimization types and 16.3% were defined as high poly-victims suffering 7 or more victimization types during the last year). Conclusion: Adolescents under the state custody or supervision continue to experience high rates of victimization. Those public service systems conceived to protect the most vulnerable adolescents in our society, do not prevent them from these experiences. Both systems should take the current rates carefully; provide a safe way to report victimization, and design interventions to diminish and prevent revictimization among institutionalized youth.
Characteristics of the physical and mental health of maltreated children in Korea: A nationwide study

Monday, 29th August - Poster Presentation - Poster

Dr. So Hyun Paek (Seoul national university hospital), Dr. Jin Hee Jung (Seoul national university Boramae Medical Center), Prof. Young Ho Kwak (Seoul national university hospital), Dr. Hyun Noh (Inje university Seoul Paik Hospital), Prof. Ki Hyun Kim (Sungkyunkwan university), Prof. Hyein Chang (Sungkyunkwan university), Prof. Jung Won Hwang (Kangwon University), Prof. Dong Moon Yeum (International university of Korea), Mrs. Hwa Jung Jang (National Child protection agency)

Objectives: To describe the characteristics of the children who were reported and decided as child maltreatment in Korea.

Methods: The National Child Maltreatment Information System (NCMIS) is a digital registry of children <18 years old who were reported, investigated, and confirmed as victims of child maltreatment by 50 regional child protection agencies in Korea compiled by the Korean National Child Protection Agency. We evaluated the demographic, maltreatment, and physical and mental health characteristics of victims registered in the NCMIS between 2012 and 2014.

Results: The study included 18,933 children (54.5% boys) with the highest proportion in the 7–12 year-old age group (39.5%). The mean age at onset of maltreatment was 89 months (~7.5 years old), and the mean duration was 29.5 months. The most common type of maltreatment was combined physical and emotional abuse (29.9%). Poor hygiene (8.5%) was the most common physical indicator of maltreatment followed by language problems (5.8%), and eating disorders (3.0%). Anxiety (14.3%) was the most common psychological/emotional characteristic of maltreatment followed by short attention span (9.4%), low self-esteem (8.1%), attachment disorder (6.6%), and depression (6.4%). Aggressiveness/compulsiveness (12.2%) was the most prevalent social adaptation/behavior problem for children 7 years old followed by learning problems (10.3%), poor adjustment to school (10.0%), and habitual lying (9.3%).

Conclusion: This is the nationwide study about the characteristics of physical and mental health of the maltreated children in Korea. These characteristics, derived from a national database, may be used for the early detection of child maltreatment by mandatory and non-mandatory reporters in Korea.
Development of a screening tool for child maltreatment targeting pediatric trauma patients at emergency departments

Monday, 29th August - Poster Presentation - Poster

Dr. JIN HEE JUNG (Namseoul University, South Korea), Prof. Young Ho Kwak (Seoul national university hospital), Dr. Hyun Noh (Inje university Seoul Paik Hospital), Dr. So hyun Paek (Seoul national university hospital)

Objectives: To develop a screening tool for child maltreatment to be used by first-line healthcare providers (nurses and resident physicians) for pediatric trauma patients in Korean emergency departments (ED).

Methods: Eighteen specialists reviewed 12 candidate questions taken from eight relevant articles in two rounds of consultation using the Delphi method. The validity of the screening tool was tested in a 10-week pilot study in six EDs.

Results: The screening tool consisted of eight questions: 1) Was there unnecessary delay in seeking help? 2) Is the trauma history confused or inconsistent among caregivers? 3) Is the mechanism of injury incompatible with the age of the child? 4) Are the mechanism and type of injury incompatible/conflicting? 5) Does the child have suspected sign(s) of physical abuse? 6) Is the injury clinically significant for an infant (<2 years old)? 7) Is the relationship between the child and caregiver(s) inappropriate? 8) Are the clothes and/or hygiene of the child inappropriate? In instances of one or more “yes” responses to these questions, first-line healthcare providers were advised to report the case to a specialist. During the pilot validation study, 3,855 pediatric trauma patients visited the EDs and 2,791 (72.4%) patients were screened. A total of 36 cases had one or more “yes” responses; of those, 11 were suspected maltreatment, and two cases were submitted to Child Protection Services for investigation.

Conclusion: We developed local version of child maltreatment screening tool in the Korean ED. Future studies are needed to further validate our local child maltreatment-screening tool for use in Korean EDs.
Rethinking the adult child relationship: What happens when adults and children converse?

Marilyn Casley (Griffith University)

This paper will discuss the 'lived experiences' as told by the adult and child participants, findings and implications for practice from my PhD thesis exploring how conversations shape an adult’s ability to understand a child’s perspective.

Background

In light of the child’s rights agenda proposed in response to The UN Convention on the Rights of the Child (United Nations, 1989) governments are now considering the voice of children in policy making, where children are seen as citizens and have a right to be heard. With a growing recognition of the invisibility and marginalisation of children it is important that practitioners and policy makers find ways to hear the perspectives of children to inform thinking and create social change.

Methods

Narrative Inquiry Methodology was used to hear the stories of 4 alumni students from the Bachelor of Child and Family Studies (Griffith University, Australia) and 3 children (aged 5, 7 and 9) to inquire into what happens when adults and children converse and how that impacts on their relationship. People’s lived experience are not the only focus of this inquiry, it is also an inquiry into the social, political, cultural and systemic narratives within the individual’s experience and across landscapes.

Results

The resonant story threads across the stories included: building trusting relationships, power and agency in relationships and landscapes that enable or constrain conversations between adults and children.

Implications for Practice

It is proposed in order to develop pedagogical understandings of how adults work with children consideration needs to be given to the way in which childhood is socially constructed and the skills required by practitioners to talk with and listen to children.
An exploration of child welfare workers’ experiences with neglect cases

Dr. Tobi DeLong Hamilton (University of Utah), Dr. Kathryn Krase (Long Island University)

Objectives
Child neglect continues to be a pressing concern; however, child neglect is often found to be more difficult to assess than other forms of child maltreatment. This study explored how child welfare workers experience their day-to-day work with children and families, when neglect was the presenting concern. This presentation will educate participants about the complexities of working with child neglect as well as provide information to guide and support decision-making processes in neglect cases.

Methodology
This research was based on constructivist inquiry, which is the epistemological belief that findings are co-created between the “knower and the known” (Guba, 1990, p. 18). This study employed focus groups to gather data. The method of collecting data through focus groups aligns with the constructivist inquiry stance in understanding the social constructions of a group focused on a specific phenomenon – in this case, the decision-making process in child neglect cases. Focus group participants were recruited through convenience sampling. The participants in each of the focus groups had a wide variety of experiences as child welfare caseworkers. Each focus group transcript was individually analyzed using a constant comparison approach to generate codes and categories (Charmaz, 2010).

Results
Analyses identified four themes inherent in case workers’ experiences in neglect cases: a dirty house isn’t just a dirty house, professional judgment, different values, and ambivalence: compassion and frustration. Implications for practice and future research are discussed.

Conclusions
The child welfare workers in this study expressed a myriad of feelings about the system in which they work, and the children and families they serve. Child welfare work is demanding; knowing this, we (as a collective) have a responsibility to ensure that child welfare workers are equipped to handle the complexities of child neglect as well as guide and support their decision-making processes.
Female genital mutilation (FGM) is a brain damage maltreatment

Monday, 29th August - Poster Presentation - Poster

Mr. Leonard Romanus (African Association for Prevention of Elder and Child Abuse (AAPECA INT'L))

In our bid to know the effect of public sensitization program of our organization AAPECA INT'L against harmful traditional practice called female genital mutilation (FGM) in abia state, a common practice in southeast Nigeria. 20 volunteers from the organization were dispatched to traditional labour homes, health centers, clinics, maternity homes and hospitals in 6 local council areas of the state for this investigation and data collection. The method of the investigation was one on one interview with traditional home matrons, licensed nurses, midwives, the girl child and women in the areas. This investigation show that 7 out of 10 females born in the state and region still undergo FGM or INFIBULATION for non medical reasons rather to fulfill traditional believe /quest(s):- 1, It is believed that any female child who do not undergo FGM or infibulation is unclean. 2, That such girl child will be highly promiscuous as an adult;while all these reasons are medically baseless.FGM is a harmful cultural practice and maltreatment that erode the mental and psychological well being , health and integrity of children especially the girl child. The essence of this research is to bring to the knowledge of the state,national and regional health management agencies, government, civil society organizations and other stakeholders on child welfare the adverse childhood experience(ACE) female genital mutilation(FGM) have on children ; Example:1,The agony of the procedure do cause long lasting traumatic experience and psychological damage in the child’s growth and brain development. 2, Its long time effect-(prolong labour and complication in delivery).

Finally, there is need for united effort of professionals to stamp out this practice from abia state, Nigeria and other African nations that practice this harmful culture.
Child maltreatment fatalities: A study of English serious case reviews, 2011-14

Dr. Peter Sidebotham (University of Warwick), Prof. Marian Brandon (University of East Anglia), Dr. Sue Bailey (University of East Anglia), Dr. Penny Soresen (University of East Anglia), Dr. Ameeta Retzer (University of Warwick), Dr. Liz Harrison (University of Warwick), Dr. Joanna Garstang (University of Warwick)

Aim: To describe the features of all child maltreatment fatalities resulting in a Serious Case Review (SCR) in England in relation to the type of maltreatment fatality

Methods: Data were obtained from the Department for Education (DfE) on all SCRs between April 2011 and March 2014. SCR overview reports were obtained and scrutinised for case characteristics. The deaths were categorised according to a previously developed framework. Case characteristics were compared between different categories of death using comparative statistics.

Results: A total of 197 child maltreatment fatalities were notified to DfE. In 6 cases the death was not related to maltreatment; 6 were perpetrated by persons outside the family; and 19 cases could not be classified.

Of the 166 remaining cases, 79 were directly caused by maltreatment, and 87 were related to but not directly caused by maltreatment, including sudden unexpected deaths in infancy with concerns about parenting or other evidence of abuse, and suicides where there were indications of child maltreatment in the background history.

The different categories of death differed in relation to key characteristics, including the age of the child, whether or not they were known to social care, the relationship of the suspected perpetrator to the child, and background parental factors including the presence of domestic violence, mental health problems, and drug or alcohol abuse.

55% SCRs commented that the child’s death could not have been predicted or prevented. However, qualitative analysis of the overview reports identified potentially modifiable factors in a majority of cases examined.

Conclusion: Preventing child maltreatment fatalities does not depend on being able to accurately predict risk of death, but rather to understand the many and varied contexts within which children may be at risk.
Association between adverse childhood experiences (ACEs) and developmental milestones of preschool children in a rural area of Colombia

Monday, 29th August - Poster Presentation - Poster

Dr. erika von sneidern (Universidad de Los Andes), Dr. Miguel Barrios (Universidad Nacional de Colombia), Ms. Katherine Cabrera (Universidad Simón Bolívar), Ms. Nelly Galeano (Fundación Jera), Mr. Mario Plaza (Fundación Neurekha)

Objectives. To examine the association between ACEs and global development in preschool children in a poor rural area in Colombia.

Methods. This is a cross sectional study conducted on children between the ages of 2 and 4 years (n = 94) who live in Barú, Colombia. Data were collected through a Spanish version of ACEs questionnaire for parents. Children were classified as having a high risk ACEs score (>4) or low risk ACEs score (<4). Development was measured using Battelle developmental inventory and children were classified as having a normal or delayed development. The data analysis included a descriptive component and measures of association.

Results. 13.8% of the children qualified for high risk ACEs score and 93.6% of the children were exposed to at least one ACEs. The most prevalent ACEs were physical abuse (85.1%) and parental divorce (38.3%). Developmental delay was found in 43.6% of the children. Logistic regression analysis showed that there was no statistically significant association between children with high or low risk ACEs score in terms of developmental delay.

Conclusions. According to the results, there is no association between high ACEs and developmental delay in preschool children from a poor rural area of Colombia. Various factors not included in the study such as protective or resilience factors, social adverse childhood experiences such as poverty and the cultural – ecological interpretation of adversity could explain these results. In addition, the epigenetic disturbances could require more than the first 4 years of life to be expressed as developmental delay or these disturbances in early childhood could require more sensitive or specific testing tools to examine damage in brain functioning. All of these alternative theories need to be proven in further studies.
Child abuse prevention policies and problematic pregnant women: Cases in obstetrics and gynecology clinics in Japan

Monday, 29th August - Poster Presentation - Poster

Ms. Tsutako Miyazaki (Mie Prefectural College of Nursing), Mr. Kazumasa Igura (Mie Prefectural College of Nursing), Ms. Shiho Hayashi (Mie Prefectural College of Nursing), Ms. Sachiko Yanase (Yanase Clinic Obstetrics and Gynecology)

Objective:

From 2011, several obstetrics and gynecology clinics in Japan began to identify particular problematic pregnant women to prevent future child abuse even before childbirth. This study defines the characteristics of this class of pregnant women and how they are supported by the clinics in Japan to decrease the incidences of child abuse.

Methods:

The participants were 313 mothers who gave birth from April 2015 to October 2015 when screening commenced. Based on the analysis of their attribution, the following two factors were checked: gestation and puerperal periods, and the environment of breastfeeding. Consequently, the pregnant women who might become perpetrators of child abuse were specified. The data was collected from the outpatient records. The questionnaire survey was conducted with the pregnant women who agreed to participate in this study.

Result:

Marital status and postnatal depression or EPDS (Edinburgh Postnatal Depression Scale) value influenced whether the mothers were specified as problematic. Also, natural childbirth or C-section, abortion, and remarriage were found to be common factors seen in problematic pregnant women. However, some mothers who were not identified as problematic were considered to need care from local communities. Those who needed support or care said that they had no other mentors and were distressed. Their uneasiness had already begun during their pregnancy.

Discussion:

Those who have psychological and social problems could improve their situations by keeping touch with parental care experts of their community. Further research has to be made to identify the mothers who need support after childbirth.

Conclusion:

The study results found that unfavorable marital status and high EPDS score are common among problematic mothers in Japan. Also, some mothers who are not identified as problematic need support after childbirth.
Mothers’ childcare stress: Stress factors identified at an obstetrics and gynecology clinic in Japan

Ms. Tsutako Miyazaki (Mie Prefectural College of Nursing), Mr. Kazumasa Igura (Mie Prefectural College of Nursing), Ms. Shiho Hayashi (Mie Prefectural College of Nursing), Ms. Sachiko Yanase (Yanase Clinic Obstetrics and Gynecology)

Purpose
Some cases of child abuse are preventable if experts recognize mothers’ childcare stress, especially the stress of parents who have newborn babies. This study clarifies the relationship between childcare stress and the mothers’ conditions during pregnancy, the puerperal period, and childbirth.

Method
Participants were mothers who gave birth at an obstetrics and gynecology clinic in Japan. The survey was conducted with 55 pregnant women who agreed to participate in this study. In this clinic, 313 women gave birth from April 2014 to June 2015. To evaluate the stress levels and the mothers’ conditions, this study introduced the Parent Stress Index (PSI), the personal record of each pregnant woman, including age, working arrangements, the number of her children, her experience of abortion, and Edinburgh Postnatal Depression Scale (EPDS) and the records taken at childbirth (baby’s sex, weight, and Apgar score). To assess the relationship between the value of PSI and the conditions of both mothers and children before and after birth, a coefficient of correlation value was introduced in this study.

Results
The PSI values were generally related to the mother’s age. The subscale of PSI was influenced by the mother’s age, working arrangements, experience of abortion, EPDS, the number of her children, and the baby’s sex and weight.

Conclusion
This study identified the importance of the support system for pregnant women. To prevent child abuse, clinics should identify those pregnant women who are likely to suffer an increase in childcare stress after they give birth.
Japanese children under home-based medical care and childcare stress: Assessment of caregiver stress

Monday, 29th August - Poster Presentation - Poster

Ms. Tsutako Miyazaki (Mie Prefectural College of Nursing), Mr. Kazumasa Igura (Mie Prefectural College of Nursing), Ms. Shiho Hayashi (Mie Prefectural College of Nursing)

Purpose:
In Japan, the number of children under home-based care and medical treatments is recently increasing. The physical condition of these children is usually unstable; therefore, their parents have to pay for expensive treatment. The purpose of this study was to examine the features of parents' stress due to caring for handicapped children at home.

Method:
The participants, who were their children’s main caregivers, aged 28–44 years with children under outpatient treatment at two general hospitals in Japan. Participants’ consent was obtained, and the survey was conducted from February 2015 to January 2016. During this period, we conducted semi-structured interviews every 2 months for the assessment of parents’ demographics, environmental factors, childcare conditions, anxiety levels, and Parenting Stress Index Short Form (PSI-SF) scores.

Results:
Six mothers and one father were identified as the main caregivers at home. The participants’ PSI-SF scores were relatively high throughout the year compared with parents with healthy children. Among 19 children, three needed oxygen therapy at home; one, tube feeding; five, gastrostomy; seven, suction for aspiration; and three, inhalation therapy. With regard to the family structure, five participants had nuclear families, two were living with their children’s paternal grandparents. Based on the interview, we found that the parents of handicapped children under home-based medical care particularly showed higher levels of anxiety.

Conclusion:
To reduce the stress of parents with children who need home-based medical care, it is indispensable to establish support systems that meet the needs of these individuals. For an effective support system, medical experts should have wider and diversified views on medicine, welfare, and education.
Indigenous cultural and institutional practices creating inequalities amongst foster adolescents

Dr. Ulene Schiller (University of Fort Hare), Prof. Gideon De Wet (University of Fort Hare)

Indigenous cultural as well as institutional practices often contribute towards the perpetuation and creation of inequalities more so where vulnerable groups are involved (Warming, 2011:1). This paper explores the experiences of foster adolescents regarding participatory decision making and the role of indigenous culture and institutional practices in this regard. The need to develop a participatory climate was expressed by the United Nations (UN) Convention on the Rights of the Child 1989 and this position was also endorsed by The African Charter on the Rights and Welfare of the Child (ACRWC, 1999). Children have the right to express their views in an attempt to minimise the effect of inequality on their life.

A phenomenological study was done using a combination of semi-structured interviews and focus group discussions. A total 29 participants took part in the research.

The theoretical frameworks adopted in this paper include the developmental social welfare approach (Patel, 2015) augmented by selected elements of the systems theory (Von Bertalanfy; 2003) to assist with the interpretation and analysis of the uniqueness experiences of foster adolescents informed by an array of inter connecting systems including the socio-cultural, institutional practices and system in foster care contexts

Findings of the study indicate that:

Conflict exists between the cultural value system of the foster adolescents, the institutional practices and the developmental approach as enshrined in the South African Constitution with reference to participatory decision making.

Inequalities experienced by foster adolescents manifest in terms of a lack of participation due to embedded institutional system practices as a result of the unequal power relations between the adolescent and the foster care system.
Healing the wounds of sexual abuse: An evaluation of the effectiveness of the recovery and empowerment of survivors of sexual abuse (RES) programme for adolescent female victims

Monday, 29th August - Poster Presentation - Poster

Mr. Daniel ZQ Gan (Ministry of Social and Family Development), Ms. Mei Fang Goh (Ministry of Social and Family Development), Ms. Hannah Letitia Goh (Ministry of Social and Family Development), Dr. Joy Low (Ministry of Social and Family Development), Mr. Dominic Chong (Ministry of Social and Family Development), Ms. Pamela Ong (Ministry of Social and Family Development)

Objectives:

Sexual abuse during childhood and adolescence is a significant mental health concern, with severe psychological sequelae potentially extending into adulthood if left unaddressed. However, little research has been conducted on interventions aimed at promoting recovery from sexual abuse in Asia. The present study investigated the effectiveness of a locally developed programme—Recovery and Empowerment of Survivors for Sexual Abuse (RES)—in mitigating the negative effects of sexual abuse in adolescent female victims.

Methods:

Forty eight female youths under the care of the Ministry of Social and Family Development (MSF), Singapore, attended RES from 2010 to 2015. Participants were eligible for RES if they were 12 to 18 years of age, and had a history of sexual abuse. Psychometric measures for three outcomes of interest—(i) psychological trauma, (ii) depression, (iii) emotional and behavioural difficulties—were completed at three different time-points: baseline, post-programme, and three months after the programme (follow-up).

Results:

There were significant post-programme reductions in trauma-related symptoms, depression, and emotional difficulties compared to baseline, with mostly moderate effect sizes. Treatment gains were maintained at follow-up: scores at follow-up were lower than that at baseline, with large effect sizes. Further, post-hoc comparisons revealed no differences between post-programme and follow-up scores. Reliable change index (RCI) analyses revealed that most clients who reported more severe symptoms at baseline exhibited reductions in trauma-related symptoms, depression, and emotional difficulties after RES. No changes in behavioural difficulties were observed.

Conclusions:

The study findings provide support for the effectiveness of RES in facilitating psychological recovery following sexual abuse. In addition, treatment gains were maintained three months after the programme. Limitations to the study include the absence of a suitable comparison group, and low statistical power in analyses investigating maintenance of gains, owing to difficulties in obtaining follow-up data. Implications and future directions are discussed.
Government service use trajectories and outcomes for Albertan youth aging out of the child intervention system

Dr. Ruiting Jia (Alberta Center for Child, Family & Community Research), Dr. Leslie Twilley (Alberta Center for Child, Family & Community Research), Dr. Jo Lamba (Alberta Center for Child, Family & Community Research), Dr. Xinjie Cui (Alberta Center for Child, Family & Community Research)

Objectives:
The Child and Youth Data Laboratory’s research links government administrative data to understand the processes, supports, and resources used for youth aging out of the child intervention system in Alberta, Canada between 2006 and 2011. Results will be applicable to education, health, and other social policy and program development.

Method:
Administrative data from five Government of Alberta ministries (Advanced Education, Education, Health, Human Services, and Justice and Solicitor General) were linked at an individual level for all 0 to 30 year olds receiving government services between 2006 and 2011. Youth (≤ 17 years old) aging out of the child intervention system between 2006 and 2011 will be profiled by key indicators, such as gender, socio-economic status, residential mobility, and Indigenous status. Trajectories of service use over time will also be explored and compared with the trajectories for youth (≤ 17 years old) from the general population.

Analysis plan:
The study will focus on the service use patterns (e.g., physical and mental health service use, financial supports, involvement in the criminal justice system) and outcomes (e.g., high school completion status, enrollment in post-secondary education) over time for youth aging out of the child intervention system.

Conclusions:
The findings will inform policies and programs designed to improve outcomes (e.g., access to educational or training opportunities, health and financial supports) of youth aging out the child intervention system.
In Ghana, there is evidence of increased alcohol consumption among women during pregnancy (Culley et al., 2013; Popova, 2013). This has raised concerns about the need to focus attention on the serious risks associated with the drinking habits of women of child-bearing age, and most importantly women who drink during pregnancy. Researchers from the Faculty of Social Work, University of Manitoba and the Department of Social Work, University of Ghana, have conducted a study in selected rural and urban communities in Ghana to investigate the beliefs, perceptions and knowledge about the causes of FASD and the effects of alcohol consumption during pregnancy. This presentation will present some of the major findings of this research. In addition it will indicate how the results from this research are being used to assist in developing approaches to effectively address the prevention and interventions with children, parents and communities with the high rates of FASD (May, 2011; Popova, 2011). Also the presentation will describe a proposed strategy for government and non-government organizations to address prevention and intervention with women and children with FASD. Moreover, this presentation will briefly outline how this research is providing a timely follow-up to and build on a project that was launched in Ghana in June 2013 by the Faculty of Social Work, University of Manitoba and the Ghana Organization on Fetal Alcohol Syndrome (GOFAS) to create a national awareness on the prevalence of FASD and improved policy on the prevention of alcohol consumption among pregnant and women of child bearing age. The presentation will provide useful knowledge to child welfare policy makers, program developers and practitioners from many countries in Africa, Caribbean and Latin America Countries working with child welfare with families with disabilities and addictions.
Native American children suffer one of the highest rates of child maltreatment (CM) compared to other racial groups. Medical providers working in tribal settings may offer unique insight into the response to CM concerns in this setting.

Objective: To explore successes, limitations, and clinical knowledge related to CM among medical providers working within a US tribal healthcare system.

Methods: Through tribal collaboration, 22 Native and non-Native medical providers were interviewed. Grounded theory methods were used to construct an understanding of the ways in which providers perceived and experienced CM identification and reporting.

Results: Five themes describing obstacles and facilitators to decision making, medical management, reporting and follow up were identified by medical providers.

- Black Box: confusion with the process of CM reporting was common.

- Traditional values/practices: Native cultural practices were NOT contributory to CM with the exception of perceived neglect around child care practices within extended families.

- Barriers: tribal specific barriers were identified such as poor understanding of local vs. state CPS processes, remoteness of family residence, hospital staff potentially being family and/or same tribe as suspected perpetrators, as well as other general barriers such as lack of set procedures, time costs and training deficits.

- Collaboration: key staff having inside knowledge of CM processes described as much needed and may help alleviate the Black Box feeling. Absence of key staff produced challenges in CM management.

- Success specific to tribal facility: working in tribal health setting described as a benefit to providers/families experiencing CM. Perceived facilitating factors included more time spent with patients, less concerns for reimbursement, ability to secure needed services through tribal health resources, and support from tribal health system leadership.

Conclusions: identified successes and barriers in the tribal setting may serve as a springboard for CM service delivery improvement and fostering continued collaborations in CM response.
Child participation in child protection: A participatory action research project exploring children’s views of child sexual abuse

Monday, 29th August - Poster Presentation - Poster

Mrs. Candice Wallace-Henry (Revolutionary Initiatives for Social Enrichment)

There is now growing consensus that approaches to child sexual abuse must be parallel with child empowerment, highlighting the need for creative approaches within child protection strategies. Yet despite wider acceptance of the view that children have the capacity to deal with matters pertaining to sexuality, power relations and cultural beliefs, children’s participation in sexual abuse prevention is insufficiently articulated or practiced. This paper will present an innovative participatory action research project undertaken in a township in South Africa in which children articulated their views on child sexual abuse, from defining the issue through to potential mechanisms of protection. Using a variety of participatory techniques to explore the children’s views, the research demonstrates that children do not view themselves as vulnerable but rather as active agents who are competent to participate in child sexual abuse prevention initiatives. The participants viewed themselves as having a significant level of power to deal with child sexual abuse, from self-advocacy through to children changing their own sub-cultures and affecting changes within children’s own spaces. While further research is needed to understand many of the issues highlighted within this research, it is hoped that this innovative approach to researching child sexual abuse can provide an alternative avenue for the development of genuinely holistic protection strategies that truly recognise children as active social agents.
Deprivation of childhood among child mothers: A case of formerly abducted girls who experienced human rights abuse in war-torn Northern Uganda.

Monday, 29th August - Poster Presentation - Poster

Dr. Sarah Kamya (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University)

Objectives: This study assessed how continued violation of human rights of girl mothers in Northern Uganda deprives them of their childhood and identifies strategies to improve their lives upon return from captivity.

Methods: This qualitative study relied on 3 focus group discussions and 8 life stories with girls (15-18 years) who returned with children born in captivity and 20 key informant interviews with practitioners and opinion leaders in Gulu District, Northern Uganda, conducted in 2007. Experiences of abuse during and upon return from captivity were examined using a content analytical approach. Consent was sought and utmost care taken to ensure voluntary participation by the girls. Their rights were fully respected throughout the research process.

Results: During and upon return from captivity, the formerly abducted girls experienced various forms of human rights abuses including early forced marriage mostly to Lord’s Resistance Army commanders, sexual slavery and rape, often leading to unwanted pregnancies. Upon return from captivity, due to the death of their ‘bush husbands’, little support from their parents and husbands, the girls took on adult roles to ensure their own and the children’s survival. Consequently, girl mothers found themselves in positions of vulnerability, risks and crisis; instead of enjoying their childhood.

Conclusion: Girl mothers experience a high level of violation of their rights during captivity and upon return to the community which consequently leads to deprivation of their childhood and crisis in their lives. They are typically urged to resume traditional gender roles returning to traditional societal structures and patriarchal practices (McKay and Mazurana, 2004). There is urgent need for Social Work intervention in the protection of the girl mothers within the community through comprehensive strategies focused on skills training, participation in decision making and formation of self-help groups that empower them to lead better and fruitful lives.
Mental health counselling outcomes in child welfare

Monday, 29th August - Poster Presentation - Poster

Dr. Rochelle (Robbie) Babins-Wagner (Calgary Counselling Centre/University of Calgary), Dr. Sandy Berzins (Calgary Counselling Centre/University of Calgary)

Research in child welfare generally talks about child outcomes, followed by family outcomes, and parent outcomes. Outcomes of interest include mental health, parent depression symptoms, rates of re-referral, parent-child dysfunction and adjustment, etc. There is an absence of child welfare research that focuses on client outcomes using routing outcome measurement.

Some child welfare scholars believe the Stage of Change model is useful in assessing the risk of future harm to children, identifying appropriate interventions for families of abused and neglected children, and making out-of-home placement and reunification decisions. Other researchers have suggested that higher levels of readiness for change sustain caregivers’ intentions to enroll in services that address parenting problems. Others posit that caregivers who are ready to change abusive or neglectful practices pose less risk of future harm to children. Readiness for change has been linked to service engagement and child maltreatment and has become a common target of intervention and, for some, a consideration in case planning.

This study explores the relationship between Readiness for Change and client outcomes among a sample of Calgary Counselling Centre clients referred by Child Welfare. Data is available for over 500 closed cases with 182 cases that have both outcome and readiness for change data. Other measures include: Number of counselling sessions, problem, age, gender, marital Status, education, employment, income, and ethnicity. Results suggest that clients receiving counselling as part of their involvement with child welfare demonstrate positive outcomes and that there is a relationship between stage of change and child welfare client counselling outcomes. Practice implications will be discussed.
Accidental injuries among children. Is neglect recognized factor by care providers

Monday, 29th August - Poster Presentation - Poster

Dr. Muna Al Saadoon (college of Medicine and Health Sciences, Sultan Qaboos University), Dr. Shamsa Al Balushi (Ministry of Health), Dr. Sarah Al Suleimani (Ministry of Health)

Accidental injuries are a common health problem among children. In this study all children (aged 0-18 years) attending the emergency department in SQUH due to injuries during the period November 2015-February 2016 were invited with their parents to participate. The objective of the study was to assess factors associated to the accidental injuries and to evaluate parents’ judgement of the supervision provided to the children.

Children were identified from the hospital electronic medical record system. Parents were then contacted by telephonic call within 2 weeks of hospital visit and were invited to participate in the study. Those who accepted to participate were requested to answer the questionnaire prepared by the research team to fulfill the objectives of the study. Ethical approval was obtained from the college of Medicine and Health Sciences research committee. This is the first study of its kind in Oman and the results will be helpful in shedding light on the types of accidental injuries children are subjected to and to evaluate the contribution of neglect to the occurrence of such accidents.

Data collection started on the second week of November 2015 and will be completed at the end of the 2nd week of March 2016. Up to date a total of 175 children are participating in the study. SPSS version 22 will be used for the analysis of data.
‘Situated’ understandings of child abuse and maltreatment in Uganda

Monday, 29th August - Poster Presentation - Poster

Dr. Gloria Seruwagi (Victoria University)

Globally, the issue of child abuse has received considerable coverage and a number of child protection interventions exist in most countries although their efficacy varies. This chapter argues that the epistemological underpinning of some interventions, particularly in developing countries, is flawed because it assumes a universality of childhoods. Recent thinking in the area of childhood such as the New Sociolology of Childhood and sociocultural theory show that childhood is not a universal experience but is socially constructed and a culturally-relative construct embedded in historical and cultural factors. This means that perceptions on what exactly constitutes child abuse vary from one local setting to another. For example in Western Uganda the nature of socialization within most local communities is one which socializes children into roles that require them to contribute at household and community levels by taking on age-appropriate responsibilities. Whereas this has equipped many children with life skills, it can also be interpreted by ‘outsiders’ particularly from Western Europe and North America as ‘child labor’. Without denying that child labor exists, it is important to distinguish this from socially accepted roles and responsibilities which form the fabric of identity for many Ugandan children. Policymakers and practitioners heavily draw from their own conceptualizations of childhood to plan, implement and evaluate interventions for children, particularly those perceived as vulnerable. The dominant ideology underpinning these interventions is Anglo-centric (North American and Europe) and does not seem to recognize existing capacities and local cultural aspects such as the participation and contribution of children in the day-to-day functioning of their communities. A ‘situated’ understanding of childhood is required to inform policy, practice and research. There is need for recognition of the diversity of contexts, experiences and the required interventions for child abuse.
Strengthen community level child rights committees

Monday, 29th August - Poster Presentation - Poster

Dr. thatparan jeganathan (War Child Holland)

The Monitoring Committees on Child Rights and the National Child Protection Committees have been established in early 90s to monitor the implementation of the Children’s Charter at global level. The expectation was to interconnect strategically the response and the prevention at grass root level. The work of the National level state agencies tended to have a strong policy related and operational focus, in relation to child abuse prevention, investigation and prosecution as priorities. And then respective ministries were set up in several Countries, to implement the protection mandate and UN CRC recommendations and Children plan. This was the first beginning of a genuinely multi-sect oral approach to child protection. The state agencies have followed different strategies to adopt this. And then later, the monitoring committees have been established by NGOS and then merged at different level and there are no consistencies in between states and NGOs on the scope of the work they do. Last two years, in South Asia, few agencies serve in collaboration with the state agencies to maximize positive changes among the children and have evidence in which the importance of those Monitoring committees and their impacts are being proven. Further, the work explore the additional details on the qualifications and ethical issues related to the members of the committees, functions of community based child protection committees, and how the committees can be better utilized for prevention (of at risk of violence and abuse children) and also the tools and techniques which were developed can be simply adopted by other location or agency who work on similar context and also to improve the quality standards as well. Further, the filed level experiences highlight the key recommendations which should be streamlined and recognized by the authorities concerned. This promote the core values of humanitarian accountability principle’s too.
Child discipline in Qatar: Media challenges

Ms. Mona Korayem (Weill Cornell Medicine-Qatar), Ms. Nehal Eldeeb (Weill Cornell Medicine-Qatar), Dr. Madeeha Kamal (Hamad Medical Corporation), Dr. Khalid Alyafei (Hamad Medical Corporation), Dr. Mohamed H Mahmoud (West Bay Primary Healthcare Center), Dr. Hassan Tawfik (West Bay Primary Healthcare Center), Dr. Marcellina Mian (Weill Cornell Medicine-Qatar)

Objectives: Our study aimed to explore the nature and extent of child discipline in Qatar using the ISPCAN Child Abuse Screening Tools (ICASTs) for mothers and youth. The role of the Internet and social media (ISM) in the upbringing of Qatari children was raised as a possible factor in child discipline.

Method: The qualitative phase of the study sampled: 10 Qatari mothers, 10 girls and 10 boys recruited from primary health centers for individual interviews and focus groups. Interview participants were asked a series of general questions about child rearing, their attitudes and opinions on child discipline and abuse using ICASTs. Focus groups were conducted post-interviews for feedback on debated questions. Responses were transcribed, translated and coded using Atlas.Ti.

Results: Interviews provided data on the Impact of ISM (positive and negative) on childhood. Mothers explained that ISM provide a wide range of information: they may portray other cultures that clash with Qatari traditions and influence their children’s beliefs; and some programs with adult content, may harm and spoil children by affecting their behavior or result in premature sexual awareness. Youth agreed that increased use and access to ISM with inappropriate programs affect children’s innocence. Conversely, parents found that withholding access to ISM was a successful form of discipline to improve their child’s behavior. Youth agreed that withholding access to ISM is preferred to hitting as a method of discipline. ISM also helped parents become more open to allowing children to pursue different career options previously viewed as taboo, reducing some parent-child conflict.

Conclusion: Qatari mothers appear to consider the media both problematic and useful in modifying their children’s behavior. Further study is required. Meantime control and supervision of children’s access to different media and its judicious use as a discipline tool is advised.
Abuse and neglect in children with disabilities: Risk varies by type of disability

Dr. Melissa O’Donnell (University of Western Australia), Ms. Miriam Maclean (University of Western Australia)

Aims: To examine the risk of abuse and neglect for children with different types of disabilities taking into account other existing adversities, including socioeconomic disadvantage, parental mental health issues, etc.

Methods: Population based record linkage study of all children born between 1990-2010 utilising the Western Australian Register of Developmental Anomalies, the Intellectual Disabilities Exploring Answers database, Health data and Child protection data.

Results: After taking into account existing adversities intellectual disability was associated with the highest risk of a child maltreatment allegation and entering out-of-home care. Further results include risk by level of intellectual disability and causes of disability.

Conclusion: Different disabilities are associated with differing risk of child maltreatment and child protection involvement. Groups that are considered at higher risk require services to identify and address the support needs of this group and determine how prevention and early intervention can lower the risk for child abuse and neglect in this vulnerable group.
Supporting the voices of youth in care: How the listen to me project is changing practice in one child welfare agency

Ms. Gissele Damiani-Taraba (Brant Family and Children’s Services)

There is currently a paucity of literature regarding the voices of children and youth in the child welfare system in Canada. Despite the finding that the UN Convention of Rights Article 12 supports youth having a say in matters related to them, recent national and internal research suggests that youth in care often feel like their voices are not heard and that they are not active participants in their own lives. This poster will aim to discuss how the rights to voice and participation often play out in the child welfare system. We will also report on an innovative project called “Listen to Me”, which was lead by youth to engage other youth about their experiences in care and what they want workers to know. Methodology will be discussed around how youth were sampled to share their voices. Results from the conversations with youth revealed some key themes that emerged which provide a picture of the lived experience of youth in care. The outcomes of the project (training videos) are currently being used to train all workers within our agency, and used for training BSW students. It is our hope that by sharing our results other agencies will find ways to use creative methodologies to engage the voices of youth and enable them to be active participants in decisions concerning their lives.
The challenges faced by pregnant teenagers in the child abuse prevention network

Dr. YOKO KATO (university of RYU-TU/The association for the prevention of child abuse and neglect)

(Objective) The support of pregnant women holds a critical position in Japan, and as of 2009 designated pregnant women were included in the Regional Council for Children in Need of Protection Act as a network approach for child abuse prevention. In this paper I would like to clarify what kind of challenges designated pregnant teenagers face. (Method) In September of 2015 a mail survey was carried out that targeted 996 locations in municipalities nationwide. Responses were requested by the coordinating agency, the Regional Council for Children in Need of Protection. (Ethical Considerations) Full consideration was given in the handling of personal information. (Results) The effective recovery rate was 37.5%. 46.8% of the designated pregnant teenagers that replied had a history of abuse, and 70% of them had suffered from neglect. In terms of the challenges, whilst there were cases of schools understanding when the pregnant girls were in middle school, there were pregnant girls in high school who had been made to leave their schools and had not received support from the network. A high percentage of those aged between 16 and 19 were independents and had no fixed residence. (Conclusion) It is essential that a support system for pregnant women, improvements in social resources, and the understanding of schools are secured.

Note) Designated pregnancy refers to a pregnant woman who is in need of assistance as determined by the law.
Prime time: An early intervention program for vulnerable families

Mr. Gene Tillman (Calgary Society For Healthy Child Development), Mrs. Sandy Wagner (Carya)

As a result of reviewing the research on early childhood brain development and the adverse consequences resulting from children experiencing toxic stress in the early years, we created the Prime Time prevention program.

The Program:
Serves families at higher risk of potential child maltreatment by having a criteria for acceptance into the program of 2 or more risk factors being present (e.g. low income and single parenthood).

Using research supported program attributes and strategies that generate long-term gains, the program:
• Starts services at around or before birth and provides continuous support for two or more years;
• Provides services in the family’s home and responds to the family’s time schedules and issues of concern (including spontaneous/unscheduled access);
• Provides exemplary program models of intervention (social and emotional support and counselling; guidance and training to encourage healthy growth and development; service coordination and links; and advocacy for services);
• A “never say good-bye” philosophy. Potential re-engagement at future times, even for brief periods can support growth and mitigate against a reversal of gains made;
• A high level of collaboration and cross referral with others who have expertise or informal supports the family may require.

Our outcomes based evaluation has demonstrated statistically significant gains, pre-and-post testing on a number of program goals over the 7 years of operation.

Particular Program Strengths
1. Our Family Coaches are experienced foster parents. They have a combination of commitment, knowledge and practical skills that are particularly effective with vulnerable families. This model is also very cost effective.
2. A creative and effective partnership of 2 Societies operated and fundraises for the program. The strength of this model can be elaborated on in the presentation.
Understanding distress in child sexual abuse exams: A systematic review

Monday, 29th August - Poster Presentation - Poster

Ms. Tanya Smith (The Hospital for Sick Children), Ms. Karla Wentzel (The Hospital for Sick Children), Dr. Romy Cho (The Hospital for Sick Children), Dr. Sheri Madigan (The University of Calgary / The Hospital for Sick Children), Dr. Michelle Shouldice (University of Toronto/Department of Paediatrics, The Hospital for Sick Children)

BACKGROUND: The purpose of the ano-genital examination in the context of possible sexual abuse/assault, is to reassure the caregiver and child/adolescent that he or she is physically well, to test for sexually transmitted infections, and to document abnormal examination findings, if they are present. Although this examination typically involves inspection of the external genital structures and is fairly non-invasive, there are concerns that the ano-genital examination may cause anxiety and/or distress for some victims and their caregivers, resulting in emotional harm.

OBJECTIVES: The primary objective of this systematic review is to provide a summary and evaluation of the current literature on the anxiety and distress experienced by patients during sexual abuse examinations, and to offer practical applications for patient practice.

METHOD and RESULTS: Searches were conducted by a medical librarian in MEDLINE, Embase, Cochrane Central Register of Controlled Trials, PsycINFO, Cinalh and Web of Science. Twenty articles that focused on the issue of anxiety and distress during sexual abuse medical exams were identified and reviewed by a research team. Themes were established and strategies to address each of these themes were identified.

CONCLUSION: Ano-genital examinations may create anxiety and distress for some children/adolescents and their caregivers following sexual abuse/assault. Implications for practice, including preparation for the child/adolescent and the caregiver, strategies during the examination and the overall approach to the examination, will be discussed. Recommendations for future research will be addressed.
Assessing the early impact of multi agency safeguarding hubs (MASH) in London, UK

Objectives
The failure of agencies to work together effectively to safeguard children has been highlighted in numerous serious case reviews of child protection cases. The Munro Review of Child Protection (2011) recognized the key role of Local Safeguarding Children Boards in fostering multi agency working and the same year the London Safeguarding Children Board began to roll out Multi Agency Safeguarding Hubs (MASH). MASH are a co-located, multi-agency team including: police, health and social care who focus on the point child protection referrals are initially received. This research reviews MASH and its impact on safeguarding services to children in five London boroughs in order to assess its effectiveness.

Method
Mixed methods approach including: pre implementation MASH site visits, pre and post implementation snapshot audits of referrals to MASH, pre and post implementation qualitative interviews of MASH professionals and post implementation with referrers to MASH.

Results
One of the most significant findings was the reduction in turnaround time of referrals to safeguarding services at all levels of risk (RAG (Red, Amber, Green) Ratings). The mean turnaround for cases initially assessed as level 3 (high or complex needs) nearly halved from 2½ to slightly over 1¼ days and the turnaround time for referrals initially assessed as level 2 (low to vulnerable) halved from more than 4½ to less than 2½ days.

Conclusions
The MASH in the boroughs reviewed have made a lot of progress in a relatively short time and there were indications that a MASH culture is emerging. However, while there are promising indications that improved access to information from a range of different agencies has helped decision makers get a fuller picture of the child in his or her situation; there are still a number of challenges which must be met if MASH is to become fully effective.
Strengthening child abuse investigation in law enforcement

Ms. Sanjana Bhardwaj (Ministry of Interior Child Protection Centre), Dr. Mohamed K. Al Ali (Ministry of Interior Child Protection Centre)

Objectives: The Ministry of Interior Child Protection Centre, United Arab Emirates (UAE), developed a federal child abuse investigation policy to unify the police investigatory response to allegations and suspicions of child abuse and neglect cases.

Method: In 2012 the need to have a clear and consistent investigative policing response to the issue of child abuse across all seven emirates of the UAE was felt. A federal policy on child abuse investigation was developed outlining a comprehensive model for receiving, responding and investigation of child abuse reports.

The policy addressed five key elements: initial police station/patrol response to allegations or reported suspicions of abuse or neglect; investigative and evidence gathering response by Criminal Investigation Department; role of Crime Scene Investigators in gathering evidence from scene, suspect and victim; role of Child Protection Officer in providing the child victim with support during the investigation, court case and overcoming the psychological effects of the alleged or suspected abuse; and reporting of the allegation/suspicion to the State Prosecutor.

Results: In 2014 the policy was successfully piloted in Abu Dhabi. An introductory child protection training for law enforcement officers was conducted. The training also addressed processes and procedures to be adopted as stipulated in the child abuse investigation policy. In 2015 several workshops were conducted with implementing stakeholders and based on the feedback received amendments were made to the policy. The revised policy was approved and will be implemented federally this year with capacity and capability built through intensive training and resource allocation.

Conclusions: The policy enabled the operational police to become clearer of their roles and responsibilities in relation to child abuse investigation. The policy implementation has facilitated removing any ambiguities in expected practice, ensuring high standards in service provision and has paved the way for formal agreements between policing entities and external organizations.
Pathways from family disadvantage via harsh parenting and caregiver mental health to adolescent health risks - Findings from South Africa

Monday, 29th August - Poster Presentation - Poster

Dr. Franziska Meinck (University of Oxford), Prof. Lucie Cluver (University of Oxford), Dr. Mark Orkin (DPHRU, School of Clinical Medicine and Centre of Excellence in Human Development, University of the Witwatersrand), Mr. Amogh Sharma (University of Oxford), Ms. Imca Hensels (University College London), Prof. Lorraine Sherr (University College London)

Objective: Parenting is an important determinant of adolescent health outcomes. But within low and middle income countries very little is known about predictors of harsh or abusive parenting, and how these and parenting behaviors are associated with adolescent psychological, behavioral and physical health outcomes. This study, based in South Africa, aimed to develop an empirically-based theoretical model of relationships between harsh parenting, its predictors, and adolescent health outcomes.

Methods: Cross-sectional data were collected in 2009-2010 from 2477 adolescents (aged 10-17) and their caregivers using stratified random sampling in KwaZulu-Natal, South Africa. Participants reported on socio-demographics, psychological symptoms, parenting and physical health. Multivariate regressions were conducted, confirmatory factor analysis employed to identify measurement models and a structural equation model developed.

Results: The final model demonstrated that family disadvantage was associated with harsh parenting. Harsh parenting was in turn strongly associated with poor adolescent health. Additionally, family disadvantage was directly associated with caregiver mental health distress which increased adolescent health risks. There was no direct effect of family disadvantage on adolescent health risks but indirect effects through caregiver mental health distress and harsh parenting were found.

Conclusions: Reducing harsh parenting is essential in improving adolescent health in South Africa. Combination interventions could include mental health support for caregivers and adolescents, supporting positive parenting, and reducing violence and disadvantage. Mitigating these negative pathways from disadvantage that are experienced by highly vulnerable families has the potential to improve both caregiver and child health outcomes.
Head injury in victims of child abuse and neglect: 5-year experiences in a medical center

Monday, 29th August - Poster Presentation - Poster

Dr. Po-Ching Chou (Kaohsiung Medical University/Kaohsiung Municipal HsiaoKang Hospital)

Background: The numbers of victims of child abuse and neglect keep on rising in recent decades. Head injuries resulting from abuse or neglect often lead to long-term neurological sequels or morbidity. The aim of the study was to clarify the risk factors, mechanism of injuries and outcomes in abused child suffering head injury.

Methods: During the 2009-2014, we retrospectively reviewed the medical reports of abused child in Kaohsiung medical university hospital. Clinical characteristics including age, gender, underlying diseases, familial and social risk factors, mechanisms and site of injury, location of crime, perpetrators, mortality rates and outcomes were analyzed.

Results: 1024 patients (mean age = 11.1 +/- 5.7 y) were identified as victims of child abuse and neglect. 250 patients (25%) suffering head injury was recorded. 55 patients (21%) was lived in a single parent family. 11 patients (6%) was dropped off from school. The most common locations of crime are located at home (64%) and school (37%). Classmates (38%) and father (18%) are the perpetrators with highest incidence and 15% of them were suffered from the abused events for more than once. 8% of the patients (mean age = 4.67 +/- 2.03 y) with head injury required ICU care. Totally, nearly 5% of the abused child (mean age = 1.53 +/- 1.99 y) with head injury expired after the events.

Conclusions: Head injury is one of the most common form of child abuse and neglect. Patients during toddler and infancy had higher risks to have serious head injury. Adequate social support within family and safe work in school may reduce the number of victims. The results of our study present the features of head injury resulting from abuse and neglect and emphasized the role of pediatric neurologists in identifying and caring the abused child.
Advancing research-supported practice: The child abuse library online (CALiO)

Monday, 29th August - Poster Presentation - Poster

Ms. Chris Newlin (National Children’s Advocacy Center), Ms. Lou Ann Holland (United States Department of Justice)

Over the past twenty years, there has been a dramatic increase in the number of child abuse-related journals and the global quantity of published child abuse research. While this increased knowledge of evidence-based practice has been available to help inform the child abuse field, there remains a gap between the publication of these findings and the work of front-line child abuse professionals. To address this gap, the National Children’s Advocacy Center developed the Child Abuse Library Online (CALiO) which has become one of the largest professional resource collections in the world of published knowledge, educational materials and educational resources related to child maltreatment. CALiO is primarily a research collection including online search services; table of contents services; more than 50 professional annotated bibliographies on specific issues; international resources collection of articles, government documents, reports, websites, and more from around the world; problems and topics of interest pertaining to child abuse and neglect, and develops resource packages for decision making and research. Additionally, CALiO provides online access to more than 1,400 peer-reviewed professional journals to Children’s Advocacy Centers in an effort to bridge the gap between research and practice. This paper will provide an overview of the CALiO capabilities and its utility by child abuse professionals throughout the world. This innovative program may serve as a model for other countries to improve the implementation of evidence-based practice related to child abuse. The Child Abuse Library Online has been strongly supported by the United States Department of Justice.

Learning Objectives:
1. Participants will understand the purpose and location of the Child Abuse Library Online (CALiO)
2. Participants will review the resources available through CALiO and how accessing these resources can improve their practice with children
3. Participants will contribute appropriate content to expand the resources, especially international resources, within the CALiO
The process of transition to nonviolent parenting norms among newcomer parents in Manitoba

Monday, 29th August - Poster Presentation - Poster

Ms. Gia Ly (University of Manitoba), Dr. Javier Mignone (University of Manitoba)

Each year, Manitoba resettles thousands of immigrants and refugees. Many are parents coming from cultures where corporal punishment is commonplace. As part of the resettlement process, newcomers are told that corporal punishment is not acceptable in Canada, which often leads to intense fear among parents who believe that their children will be apprehended. These parents are uncertain of how violence is defined in federal and provincial law, and they are unsure of how to teach their children without corporal punishment. A community agency in Manitoba, Mosaic Newcomer Resource Network, provides support to newcomer parents who are struggling with these issues. This agency delivers ‘Positive Discipline in Everyday Parenting’ (PDEP), a program that teaches parents skills in non-violent, non-punitive discipline. This poster will describe the results of a qualitative study that explored the process of transition among newcomer mothers who took this program. Ten in-depth interviews were conducted with mothers from Africa, Asia, the Middle East, and South America. They described their struggles with adapting to Canadian parenting norms. Many had been beaten as children. Although they believed that their own parents’ violence had been motivated by love, none of the mothers believed that corporal punishment was constructive. They explained that PDEP had provided them with a new non-violent vision of parenting, described the parenting changes they had made, and reported that their confidence had increased since learning about PDEP. They also explained that the program had helped them to better understand their children's perspectives. The findings will be presented according to the four main themes that emerged: 1) the meaning of parenting; 2) a new vision of parenting; 3) conflicting notions of discipline; and 4) navigating the parent-child acculturation gap. Recommendations for professionals supporting newcomer parents will be provided.
The good school toolkit for reducing physical violence from school staff to primary school students: A cluster-randomised controlled trial in Uganda

Monday, 29th August - Poster Presentation - Poster

Dr. Karen Devries (London School of Hygiene and Tropical Medicine), Ms. Louise Knight (London School of Hygiene and Tropical Medicine), Dr. Elizabeth Allen (London School of Hygiene and Tropical Medicine), Dr. Nambusi Kyegombe (London School of Hygiene and Tropical Medicine), Dr. Jenny Parkes (UCL-Institute of Education), Dr. Eddy Walakira (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University), Mr. Dipak Naker (Raising Voices)

Background. Physical violence against children by school staff is widespread. We tested whether the Good School Toolkit by Raising Voices could reduce physical violence from school staff to Ugandan primary school children.

Methods. We conducted a two arm cluster randomised controlled trial in 42 primary schools, with cross-sectional baseline and endline surveys with students and staff.

The primary outcome was past week physical violence from school staff, measured by students’ self-reports using the International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool—Child Institutional. Secondary outcomes included feelings of safety and well-being in school, mental health, and educational test scores. Analyses were intention to treat, and are adjusted for clustering within schools and for baseline school level means of continuous outcomes. The trial is registered at clinicaltrials.gov, NCT01678846.

Intervention. The Good School Toolkit is a complex educational and behavioural intervention implemented by school staff and students with support from Raising Voices, over an 18 month period.

Findings. No schools left the study. At follow-up, 92.4% (n=3820) of sampled students participated in our survey, most were aged 11-14 years. Prevalence of past week physical violence was lower in the intervention schools (31.0%) versus the control schools (48.7%), odds ratio=0.40, 95%CI 0.26 to 0.64, p<0.001. No adverse events related to the intervention were detected, but 434 children were referred to child protective services because of what they disclosed in the follow-up survey. Students in the intervention group also reported increased feelings of safety and well-being at school, but there were no effects of the intervention on mental health or educational test scores.

Conclusion. The Good School Toolkit is an effective intervention to reduce violence against children from school staff in Ugandan primary schools, and increasing feelings of safety and well-being in schools.
The revision of the public health agency of Canada’s (PHAC) joint statement on shaken baby syndrome

Monday, 29th August - Poster Presentation - Poster

Dr. Michelle Shouldice (The Hospital for Sick Children, Canadian Paediatric Society),
Dr. Michelle Ward (Children’s Hospital of Eastern Ontario, Canadian Paediatric Society), Ms. Kristin Bennett (Public Health Agency of Canada)

Objectives/Learning Objectives:

• To inform stakeholders and the international community of the current revision process to update the PHAC’s Joint Statement on Shaken Baby Syndrome.

• To provide an update on the status of the revision of the Joint Statement on Shaken Baby Syndrome and gather feedback/input from vested stakeholders.

Method/Results/Conclusions:

N/A

Background:

At the First Annual Conference on Shaken Baby Syndrome (1999), key stakeholders and research experts identified a need for national leadership on Shaken Baby Syndrome (SBS) to provide an authoritative source of information for health and legal professionals. In response, the Government of Canada, in partnership with the Saskatchewan Prevention Institute and the Canadian Paediatric Society, developed a National Strategy on SBS. The strategy resulted in a Joint Statement on Shaken Baby Syndrome (2001) and the Multidisciplinary Guidelines on the Identification, Investigation and Management of Suspected Abusive Head Trauma (2007). The Joint Statement was created to: (1) create a common understanding based on current evidence, of its definition, cause, outcomes and consequences for the family and community; (2) stimulate the development of effective ongoing local and national prevention strategies; and (3) encourage the provision of support for affected children and families.

Since 2001 a significant amount of medical literature has been made available on SBS/Abusive Head Trauma, yet controversy now exists around clinical characteristics as well as the intersection of medical opinion and the criminal justice system. The Public Health Agency of Canada has conducted an environmental scan and literature review (2012), facilitated an expert roundtable (2013) and facilitated an expert advisory group meeting (2014) to inform the revision process. The revision of the Joint Statement began in the fall of 2015 in consultation with key experts and national stakeholders from the health, legal, child welfare, law enforcement and policy sectors.
A theoretical framework for interprofessional child welfare expertise

Monday, 29th August - Poster Presentation - Poster

Dr. Judy Gillespie (University of British Columbia), Dr. Rick Hood (Kingston and St Georges University London), Dr. Jonathon Davies (Douglas College)

Objective: Development of a theoretical framework for interprofessional child welfare expertise.

Rationale: Research across a variety of professions indicates that professionals find child welfare to be one of the most stressful aspects of their practice and one for which they feel poorly prepared. Issues of interprofessional complexity are at the heart of the challenges experienced and expressed by most professionals, and are consistently evident in public inquiries into children’s maltreatment related deaths or serious injuries; indeed the prevention of child maltreatment has been compared to a jigsaw puzzle with various professionals holding one or more pieces. Yet there are no theoretical frameworks or evidence base identifying interprofessional child welfare expertise. This vacuum constitutes a significant barrier to the development of a skilled and capable child welfare workforce with increasingly procedural and managerial approaches being used in place of professional judgement.


Results: Emerging findings indicate a multidimensional theoretical framework encompassing knowledge and skills across contextual, interpersonal, and practice domains.

Conclusions: Development of a theoretical framework for interprofessional child welfare expertise is the first step towards better professional preparation for child welfare practice; empirical validation of the framework is ongoing.
Policy change following a well-publicized case: The impacts on child maltreatment reports

Monday, 29th August - Poster Presentation - Poster

Dr. Julie Steen (University of Central Florida), Ms. Chelsea Mandes (University of Central Florida)

Objectives: The purpose of this study was to assess the impact of the Kayla McKean Act, a policy adopted in the State of Florida to encourage child maltreatment reporting by educational, medical, and legal professionals. This policy’s adoption was prompted by a well-publicized case in which a child was murdered by her father. A longitudinal view of the number of child maltreatment reports allowed for an assessment of the impacts of this case, which occurred in November, and the impacts of the policy, which took effect in the following July.

Method: This study consisted of a secondary data analysis of Florida’s segment of the National Child Abuse and Neglect Data System (NCANDS). Two years of report data were included in the analysis with an attention toward the number of child maltreatment reports accepted per month. A visual inspection of longitudinal graphs representing monthly report counts was conducted for three variables: reports by educational professionals; reports by medical professionals; and reports by legal professionals.

Results: Results indicate that neither the case nor the policy produced effects on the number of reports from educational and medical professionals. Visual inspection of the line graphs for these two report sources revealed seasonal trends across both years of data with report numbers shifting during the summer months, the start of the school year, and winter holidays. Reports from legal professionals dramatically rose in the months immediately following the date the policy took effect, suggesting a short-term policy impact for this group.

Conclusions: These findings indicate that the reporting law may have had a differential effect on mandated reporters with legal professionals being the most responsive to the law. Further research is needed to identify the causes behind the differential effect and the ways in which these policies can be improved.
Associations between adverse childhood experiences (ACEs) and suicidality: A scoping review

Monday, 29th August - Poster Presentation - Poster

Ms. Jacqueline Quick (University of Calgary), Mr. Robert Olson (Centre for Suicide Prevention), Ms. Mara Gruna (Centre for Suicide Prevention), Dr. Alan McLuckie (University of Calgary), Dr. Chris Wilkes (University of Calgary)

Objectives: Since the ground breaking work of Felitti and colleagues (1998) at Kaiser Permanente, child abuse intervention and prevention specialists have understood that Adverse Childhood Experiences (ACEs) pose significant risk for long term negative health outcomes, including chronic obstructive pulmonary disease (Anda et al., 2006), depression (Spinhoven et al., 2010), substance abuse (Anda et al., 2002) and suicide (Brockie et al., 2015; Cluver et al., 2015; Dube et al., 2001). Consistent with definitions of scoping review methods (May et al., 2001) our aim was to systematically retrieve literature mapping key concepts and best available evidence regarding associations between suicide and ACEs. Our review also examined how individuals’ coping and/or health-risk behaviours (i.e., substance abuse) and depressive symptoms associated with ACEs may be linked to risk for suicidal ideation, suicidal attempts and death by suicide.

Method: Our review was informed by the six-step procedure outlined by Daudt et al., (2013), an extension of Arksey and O’Malley’s (2005) approach. We modified the sixth step regarding end-project consultation with knowledge users KUs in favour of an integrated Knowledge Translation approach. In consultation with library scientists and KUs we searched MEDLINE, PsycINFO, EMBASE, ERIC, Social Work Abstracts, Family & Society Studies Worldwide, Family Studies Abstracts, Social Service Abstracts, CINAHL and Web of Science using terms including ACEs, child maltreatment and abuse combined with terms for suicide (including all synonyms).

Results: Of the 977 studies identified examining ACEs and suicide, 117 articles met inclusion criteria for our review.

Conclusions: This comprehensive review found that ACEs increase the risk for suicidal ideation, suicidal attempts and death by suicide. ACEs were also linked with health-risk behaviours and risk for depression, which are also linked with suicidality. Selective and indicated prevention efforts combined with early intervention initiatives are recommended.
Engaging youth to create a culture of understanding, action and resiliency to prevent childhood maltreatment

Monday, 29th August - Poster Presentation - Poster

Mrs. Brenda Neis (Calgary Police Service/Sheldon Kennedy Child Advocacy Centre), Mrs. Kim Campbell (Alberta Education/Sheldon Kennedy Child Advocacy Centre)

This poster will provide an overview of the Youth Champion Initiative developed at the Sheldon Kennedy Child Advocacy Centre (SKCAC). This project was initiated by the SKCAC Education Committee, comprised of multiple community stakeholders, to engage youth leaders to embrace healthy relationships, promote awareness of trauma and its impact and advocate for safe, supportive school-community environments. High school students from eight Calgary and area school jurisdictions are taking action to create a culture of understanding, support and resiliency within their school-community.

Taking an evidence-informed approach, the SKCAC’s Youth Champion Initiative aligns with the Mental Health Commission of Canada’s Headstrong Program. This framework includes 4 components:

• Contact-based education – providing youth opportunities to interact with individuals who have first-hand experience with varying aspects of childhood maltreatment.

• Youth forums – organized events for all the champions to expand their learning, create action plans and strategize together to take meaningful messages back to their school-communities.

• School-based activities – students lead the development and delivery of their action plans in their school-community.

• A whole-school approach – encouraging and supporting entire school-communities to foster safe, supportive environments.

This poster will demonstrate the impact of youth empowerment to promote healthy relationships, resilient communities and prevent child maltreatment.
Objectives: Child welfare researchers are tasked with the selection of high quality measures for the study of permanence. Since the United States government created a matrix of outcome measures for assessing child welfare agency performance, many researchers in the United States adopt these outcomes measures when studying the concept of permanence. Despite the importance of high quality measurement, little attention is paid to the validity of these measures. In response to this need, this project reviewed the commonly used measures of placement stability in out-of-home care and reunification with biological families.

Method: A preliminary examination of these outcome measures was conducted. This examination consisted of a literature review using the Academic Search Premier database. Search terms included “measurement” and various keywords that represent two dimensions of permanence: reunification and placement stability.

Results: The literature points to a number of complexities within these outcome measures. One of these complexities involves timing specifications. Many researchers measure reunification within the child’s first year in out-of-home care, however, a variety of options exist for the time span used to identify and code reunification. In terms of placement stability, placement moves in the initial period of out-of-home care are sometimes excluded from the count. Another complexity involves the types of placement settings included in the count and whether all placements, such as a time-limited treatment facility, should be included.

Conclusion: Researchers have many important decisions to make when selecting a measure of permanence. Statistical testing is needed to identify whether the correlates of permanence vary in strength and significance when different specifications for timing and placement type are used. Further, the field should carefully consider what they are intending to measure in regards to permanence and whether alternate measures, particularly those that rely on the child’s sense of permanence, should be used.
Maternal emotional regulation moderates the association between childhood history of maltreatment and cortisol reactivity

Ms. Gillian England-Mason (MiNDS Graduate Program, McMaster University; Department of Psychiatry & Behavioural Neurosciences, McMaster University), Dr. Melissa Kimber (Department of Psychiatry & Behavioural Neurosciences, McMaster University; Offord Centre for Child Studies, McMaster University), Dr. Leslie Atkinson (Department of Psychology, Ryerson University), Dr. Andrea Gonzalez (Department of Psychiatry & Behavioural Neurosciences, McMaster University; Offord Centre for Child Studies, McMaster University)

Objectives: Approximately 32% of Canadian adults have experienced at least one form of childhood maltreatment. Childhood history of maltreatment has been linked to emotional dysfunction and an altered cortisol response to stress in adults. However, no study has examined emotion regulation as a potential modulator of the cortisol dysregulation associated with childhood maltreatment. The purpose of this study was to examine relationships between childhood maltreatment, cortisol reactivity, and emotion regulation in new mothers.

Methods: We collected salivary samples at baseline, 20 minutes post-stressor, and 40 minutes post-stressor in a sample of 140 women at 6 months postpartum. All samples were assayed for cortisol, and cortisol reactivity was determined by time-dependent area under the curve computation. Maternal retrospective report of maltreatment was assessed using the Childhood Trauma Questionnaire (CTQ). Maternal self-report of emotion regulation was assessed using the Emotion Regulation Questionnaire (ERQ) and Difficulties in Emotion Regulation Scale (DERS-II). Information pertaining to postpartum mood, daily habits, and demographics were collected and used as covariates.

Results: Structural equation modelling was used to create a latent emotion dysregulation construct using both the ERQ and DERS-II, and this was explored as a moderating variable. Moderation analyses revealed that the interaction between maternal exposure to childhood maltreatment and emotion dysregulation significantly influenced cortisol reactivity (\( \beta = -0.17, CI.95 = -0.31, -0.03, p < 0.05 \)). Specifically, women with higher CTQ scores and higher emotion dysregulation scores displayed decreased cortisol reactivity compared to women with higher CTQ scores and lower emotion dysregulation scores.

Conclusion: Maternal history of childhood maltreatment was associated with reduced cortisol reactivity in women with lower emotion regulation ability. Previous research has reported associations between childhood maltreatment and cortisol blunting. These findings suggest that emotion dysregulation may be a mechanism through which this hyporeactivity occurs and can help inform future intervention options.
Effectiveness of school-based programs for the prevention of child sexual abuse

Monday, 29th August - Poster Presentation - Poster

Dr. Kerryann Walsh (Queensland University of Technology), Dr. Karen Zwi (Sydney Children’s Hospital Network & University of New South Wales), Dr. Susan Woolfenden (Sydney Children’s Hospital Network & University of New South Wales), Prof. Aron Shlonsky (University of Melbourne)

Objectives: We present findings from a recently completed Cochrane Review on the effectiveness of school-based education programmes for the prevention of child sexual abuse. The Cochrane Collaboration recommends strategic dissemination to reach the widest possible audience; this review has generated interest worldwide, but has not yet been presented in North American forums.

Method: We applied a comprehensive, transparent, and replicable systematic review process to identify all randomised controlled trials (RCTs), cluster-RCTs, and quasi-RCTs of school-based child sexual abuse prevention programmes. We included twenty-four studies conducted with 5802 children in primary (elementary) and secondary (high) schools in the United States, Canada, China, Germany, Spain, Taiwan, and Turkey. We summarised data and where appropriate conducted meta-analyses for program outcomes including: protective behaviours (self-protective skills); knowledge of sexual abuse or sexual abuse prevention concepts; retention of protective behaviours over time; retention of knowledge over time; harm; and disclosures of sexual abuse.

Results: School-based sexual abuse prevention programmes were effective in increasing participants' skills, and knowledge. Knowledge gains were not significantly eroded one to six months after the intervention. Programmes did not increase or decrease children's anxiety or fear. No studies measured parental anxiety or fear. Children exposed to school-based prevention programmes had greater odds of disclosing their abuse than children who had not been exposed, however studies did not routinely collect this data, and when data were collected researchers used divergent recording methods and inappropriate analytical techniques.

Conclusions: School-based programs require ongoing evaluation to assess the effect of new teaching and technologies on children’s learning and the maintenance of learning over time. Future studies should carefully monitor the potential for harm arising from program participation, and should employ strategies to address longer term programme outcomes such as reductions in prevalence.
Family- and community-level factors related to better mental health outcomes following child maltreatment in a nationally representative American sample of adolescents

Monday, 29th August - Poster Presentation - Poster

Ms. Kristene Cheung (University of Manitoba), Ms. Tamara Taillieu (University of Manitoba), Ms. Sarah Turner (University of Manitoba), Ms. Janique Fortier (University of Manitoba), Dr. Jitender Sareen (University of Manitoba), Dr. Harriet Macmillan (McMaster University), Dr. Michael Boyle (McMaster University), Dr. Tracie Afifi (University of Manitoba)

Objective: Although there is literature on factors associated with good mental health following child maltreatment, most research is drawn from unrepresentative samples and mainly focuses on individual-level factors. Therefore, an investigation of family- and community-level factors of adolescents in a nationally representative sample is warranted. The objectives of the present study were to: 1) estimate the prevalence of child maltreatment types by overall mental health status; and 2) examine the relationship between family- and community-level factors and overall mental health status of adolescents with and without a history of maltreatment in a representative American sample.

Methods: Data were drawn from the National Comorbidity Survey of Adolescents (NCS-A; n = 10,148; data collection 2001-2004); a large, cross-sectional, nationally representative psychiatric epidemiology survey. Respondents were adolescents aged 13 to 17 years from the United States (household response rate = 85.9%; school subsample response rate = 74.7%).

Results: Feeling emotionally close, having good communication, and perceived maternal and paternal empathy were associated with better mental health outcomes for adolescents with a history of child maltreatment (AOR ranging from 2.4 to 6.6 at p <.05). Being happy living in one’s neighborhood and having positive school and teacher experiences were also found to be associated with good mental health outcomes. Overall, perceived support from friends and siblings were not related to better mental health outcomes.

Conclusions: Family- and community-level factors to be included and tested within intervention efforts include encouraging supportive parent relationships, increasing happiness with living in one’s neighborhood, and facilitating positive school and teacher experiences.
Approaches for child abuse and neglect of the emergency hospital in Osaka, Japan

Background: “Healthy Parents and Children 21(Second Phase)” (2015-2025) is a national campaign to promote a variety of approaches to improve health standards of mothers and children. One of the important issues of the plan is preventive measures against CAN from a gestation period, and one of the aims is to prepare for a system corresponding CAN in all emergency hospitals.

Aim: To clarify the situation of the emergency hospital in Osaka.

Objectives: 283 emergency hospitals in Osaka (all hospitals are 535).

Method: Questionnaire survey by the mail in 2015.

Results: We got replies from 167 hospitals (59.0%). 44 hospitals (26.3%.A) with both pediatrics and obstetrics & gynecology department, 31 hospitals (18.6%. B) with pediatrics or obstetrics & gynecology department, 92 hospitals(55.1%.C) without both pediatrics and obstetrics & gynecology department. 50.0% of A, 15.2% of B and 3.3% of C had CPT, and 63.6% of A, 32.3% of B and 10.9% of C had the manual about CAN. 34.1 % of A, 9.7 % of B, and 4.3 % of C gave the training about CAN for the staff. 68.2% of A, 32.3% of B and 5.4% of C gave notice of CAN to CPS in 2014.

Discussion: The hospitals with both pediatrics and obstetrics & gynecology department were high in a setting rate of the CPT, in a preparing rate of the CAN manual, and in a training rate for staff. The notice experience percentage were high, too. However, the enhancement of CAN action for the emergency hospital in Osaka is necessary because half does not have CPT even if A.
Child maltreatment, crime and behavioral problems among juvenile offenders in Taiwan

Ms. Yi-Ting Chang (National Cheng Kung University), Ms. Meng-Chu Tsai (Kaohsiung Municipal Hsiaokang Hospital), Ms. Chiu-Lan Lin (Taiwan Taoyuan Reform School, Agence of Correction, Minister of Justice), Ms. Jing-Ru Li (National Cheng Kung University and Hospital), Ms. Hsin-Yi Chang (National Cheng Kung University and Hospital), Prof. Jui-Ying Feng (National Cheng Kung University and Hospital)

Objective: To examine juvenile offenders’ experiences of child maltreatment and the associations of child maltreatment, juvenile delinquency, and behavioral problems in Taiwan.

Methods: A cross-sectional, correlational study of 621 juvenile offenders from 2 juvenile correctional facilities and 3 midway schools in Taiwan was conducted. The Chinese version of International Society for the Prevention of Child Abuse & Neglect Child Abuse Screening Tools Children’s Home Version was used to estimate the forms and magnitude of child maltreatment. Behavioral problems were measured by Child Behavior Scale. Depending on the jurisdiction, crime was categorized into violent or non-violent acts.

Results: Most juvenile offenders (93%, n = 575) experienced at least one form of maltreatment with 83% (n = 516) being exposed to childhood victimization during the previous year. Female juvenile offenders reported a significantly higher rate of polyvictimization and any form of child maltreatment over their lifetime compared to males. Each form of child maltreatment and polyvictimization were significantly associated with juveniles’ externalizing and internalizing behaviors. Compared to their counterparts, violent and male offenders reported significantly having more externalizing behavioral problems. After adjusting for experience of past histories of referral to residential institutions, and family histories of mental illnesses, alcohol and drug abuse, and criminality, a significant gender and neglect interaction effect was found in predicting juvenile offenders’ aggressive behavior, fear and anxiety.

Conclusion: Juvenile offenders reported a high prevalence of child maltreatment, and experiencing child maltreatment were positively related to later violent crime and behavioral problems. Early intervention on preventing child maltreatment is critical to prevent children engaging in antisocial and criminal behavior later in life.
Child maltreatment, family dysfunction and juvenile delinquency: A case-control study

Monday, 29th August - Poster Presentation - Poster

Prof. Jui-Ying Feng (National Cheng Kung University and Hospital), Ms. Yi-Ting Chang (National Cheng Kung University), Ms. Meng-Chu Tsai (Kaohsiung Municipal Hsiaokang Hospital), Ms. Ming-Chu Feng (Kaohsiung Municipal Hsiaokang Hospital), Prof. Jung-Der Wang (National Cheng Kung University)

Objective: The purpose of this case-control study was to examine the effect, magnitude, and forms of child maltreatment, family dysfunction and related risk factors on juvenile delinquency in Taiwan.

Methods: A cumulative incidence sampling technique was used to identify cases and controls. The case group composed of 349 juvenile offenders instituted in juvenile correctional institutions in Taiwan. The control group consisted of 1,016 adolescents from 20 high schools matching to cases (offenders) by age, gender and residential location. Child maltreatment was measured by the Chinese version of International Society for the Prevention of Child Abuse & Neglect Child Abuse Screening Tools Children's Home Version.

Results: Compared to their counterparts, juvenile offenders reported a significantly higher rate of all 5 forms of child maltreatment during their lifetime, more multiple forms of child maltreatment and experiencing significantly higher rates in high polyvictimization (≥ 7 victimizations). Child maltreatment experience was an important risk factor of juvenile delinquency with an increased risk of 3.75 times (p < .001) over the lifetime. After adjusting for the household monthly income, parents’ marital status and educational level, and family histories of mental illnesses and criminality, overall child maltreatment and lifetime high polyvictimization (≥ 7 victimizations) experience remained as significant predictors for juvenile delinquency.

Conclusion: This population-based, case-control study demonstrates an increased risk of juvenile delinquency in adolescents who are victims of child maltreatment, and identified the effect of family risk factors on delinquent behaviors among Taiwan adolescents. Juvenile offenders were more likely than high school students to experience all forms of child maltreatment during the past year and lifetime except for past year sexual abuse. Child maltreatment in Taiwan is a national problem that mandates a review of child abuse funding and policy.
Towards better child protection programs: A qualitative evaluation of youth disseminating life skills program

Monday, 29th August - Poster Presentation - Poster

Mrs. Margorit Boothby Krespi (Kadir Has University Istanbul), Mrs. Ceren Acarturk (Sehir University Istanbul), Mrs. Irem Akduman (Suleyman Sah University Istanbul), Prof. Figen Sahin Dagli (Gazi University Faculty of Medicine), Prof. Tolga Dagli (Marmara University)

Objective: Evidence shows that peer-led programs are effective in health promotion and illness management. However, no published data are available on any peer-led program targeting child protection. Arguably, child protection can be viewed as a social construction. Therefore, the present study aimed to evaluate the effectiveness of a 12-week training program, Youth Disseminating Life Skills Program whose aims were to help university students acquire knowledge on, and to increase sensitivity towards child abuse and neglect by taking the social construction approach as a basis and therefore, by adopting a qualitative methodology.

Method: The sample consisted of 13 university students who took part in the Youth Disseminating Life Skills Program (10 female, 3 male: mean age 22 years; age range: 20-31). Focus group meetings were undertaken during which the general interview guide approach was used. Anonymised interview transcripts were analysed following established conventions.

Results: The analysis showed that participants evaluated the Program in terms of feelings about and benefits of the Program, and ways to improve the Program. Feelings about the Program included both positive (e.g. feeling hopeful and healed) and negative feelings (e.g. feeling traumatised and nervous). Participants recounted a variety of benefits of the Program (e.g. helping participants to realise that child abuse is a humanity problem, correcting some myths about child abuse and helping participants develop themselves both professionally and personally). Participants proposed a number of ways whereby the Program could be improved. These were not only related to the content and format of the Program but also the population that the Program can target.

Conclusion: In general, qualitative analysis revealed important information whereby child protection programs can be improved. Some findings could be interpreted in terms of existing literature and/or theory. Other findings extended the literature and could be viewed as targets for future child protection programs.
Improving the clinical assessment of acute presentations of child maltreatment using a quality and child rights framework

Monday, 29th August - Poster Presentation - Poster

Dr. Paul Hotton (South Western Sydney Local Health District, Liverpool Hospital,), Dr. Shanti Raman (South Western Sydney Local Health District, Liverpool Hospital,)

Background and aims:
Child maltreatment (CM) is a major public health problem globally; maltreated children are more likely to be hospitalised and utilise health services. There is strong evidence-base for medical examination in the assessment of CM. South Western Sydney (SWS) has a large metropolitan population with many vulnerable sub-groups. There is little known about the health and social outcomes for children following acute CM assessments. We aimed to describe acute presentations of CM in SWS over a two year period, identify health and social outcomes for children following medical assessment and determine if the assessments fulfilled established minimum standards for clinical assessment of CM and were sensitive to child rights.

Methods
We gathered available data from the acute child protection database and hospital records, on all children <16 years referred for assessment between 2013 and 2014. We performed simple descriptive analysis on the data. We measured the assessment, report writing and follow-up against established criteria for minimum standards for acute assessments and a child rights framework.

Findings
In the time period, 187 children were seen for acute assessment. Mean age was 8.1 years, most (75%) were female; 148 (79%) referrals were for sexual abuse, the rest were for physical abuse and neglect. A minority (15%) were referred by doctors; most were referred by child protection services. Thirty-seven (20%) cases were found to be not suspicious for maltreatment; the rest had medical findings and health concerns. Most assessments were multi-disciplinary and used protocols; half were not followed-up, a third were performed after-hours. A quarter had no carer present during the assessment.

Conclusions
Comprehensive clinical assessments of CM are useful in identifying children’s other health and developmental concerns. Our audit provides valuable information on acute CM presentations in urban Sydney and identifies strengths and weaknesses in current assessment processes.
Online protection of children from sexual abuse and exploitation in East Africa

Monday, 29th August - Poster Presentation - Poster

Mrs. Beatrice Gacengo (Terre des Hommes Netherlands)

By: Terre des Hommes Netherlands (TDH-NL)

Priority Areas: “human trafficking and criminal exploitation of children” & “technology as an instrument for good and bad”

Objective: The ‘Sweetie’ research carried out by TdH-NL in 2013, showed the extent and nature of on-line sexual exploitation of children worldwide. As a result of the expansion in ICT in Africa, more and more children are exposed to on-line threats. Offenders easily access vulnerable children on-line which has resulted to a quick rise of on-line sexual exploitation children. Due a dearth of research on child on-line exploitation, TdH-NL has commissioned a research on ‘The growth of ICT and its impact on children’s protection in East Africa’.

TdH-NL’s objective in the conference will be to share our findings of this research on:

The extent of access of children to new technologies in East Africa;

-Link between ICT and sexual exploitation;

-The statutory and policy measures in place on on-line child safety and their effectiveness (or lack of it) in protecting children;

-Levels of awareness of children and caregivers on on-line threats to children and family/community based measures employed to ensure children’s on-line safety;

-Knowledge and skills of child protection duty bearers on on-line threats and child on-line safety and their challenges in protecting children from on-line exploitation.

These research findings will be complemented by case-studies from the field that demonstrate links between ICT and child exploitation.

Method: Power point presentation of results of the research and discussions to come to common understanding and joint recommendations for the East African Region.

Results: Presentation will trigger discussions on on-line child safety in developing countries.

Conclusions: On-line exploitation of children is a pertinent topic of discussion in this era of ICT explosion in the developing countries.
Children as rights holders and their perception of child protection: Evidence from selected districts of Uganda

Objective: This study examined children’s perception of child protection structures and assessed their ability as rights holders to demand for protection from abuse in Uganda.

Methods: A survey was conducted with children selected from 8 districts (2 in each region) to represent 4 geographical regions (Central, Eastern, Western, Northern and South western) of Uganda. Information was given about voluntary participation and informed consent sought. The data was captured using Epi-Data and analyzed using SPSS.

Findings: For majority 67% (n=520) of the children, their rights were about the things that they were entitled to, whereas for a few, (33%) it was about them doing whatever they wanted. Many children were aware of children’s rights and those children with disabilities. Awareness of child protection laws was low (23%) but there was a significant awareness of child rights violation. Reportability of child abuse to relevant child protection structures is very low (41%). This was due to: fear of perpetrators, ignorance of where to report, ignorance about rights, inaccessibility of reporting units, and doubt of getting redress. The extended family, religious leaders, local councils, and courts of law were thought of as capable of protecting children.

Conclusions: Children have awareness about their rights and the phenomenon of child rights violation. They also perceive of certain structures as capable of protecting them against abuse. This is a basis to trigger their agency towards their own protection and the protection other children. What is lacking is accessibility to functional child protection structures and the empowerment of the children to avoid situations of rights violation and where it has happened, demand for redress.
BEAMS: The training program for medical institutions in Japan to combat child maltreatment

Monday, 29th August - Poster Presentation - Poster

Dr. Koji Tanoue (Kanagawa Children’s Medical Center), Dr. Fujiko Yamada (Child First Japan)

Objective: In 2015, we created a training program called BEAMS for medical institutions in Japan to combat child maltreatment. The objectives were to document the effectiveness of the program for members of multidisciplinary teams working in medical institutions, and to determine how training to prevent and manage child maltreatment or clinical experience in suspected child maltreatment cases affect knowledge of and attitudes toward child maltreatment. Methods: The questionnaire included demographic questions such as years of practice and area of specialty, i.e. doctor, nurse, social worker, public health nurse, technician, and others (pharmacist, physical therapist, occupational therapist, speech therapist, dietitian, psychologist, childcare worker, teacher, and medical clerk), and experience with suspected child maltreatment cases and training for dealing with such cases. The questionnaire included 15 statements designed to ascertain practical knowledge and attitudes relevant to addressing child maltreatment. Participants selected “yes” or “no” for each statement, with the correct answer being decided on the basis of child welfare. We compared baseline scores determined before the lecture with those based on answers given after the lecture. Results: 760 participants completed the survey, including 227 doctors, 223 nurses, 37 technologists, 25 social workers, 11 public health nurses, and 210 with other occupations. There was a significant difference between the baseline scores of participants with versus without experience in suspected child maltreatment or training to deal with child maltreatment cases (F: 22.9; P < 0.001). After the lectures, the score rose above the baseline (13.5 vs 12.7). The rate of correct answers for 11 questionnaire items increased significantly. Conclusion: The health care professional needs clinical skills and judgement to decide if a child’s injuries are due to maltreatment. The combination of increased clinical experiences along with a high-quality didactic lecture, appears to be the most effective method for raising the skills and awareness.
Matriarchy in patriarchal societies: Burden of care of maternal relatives and vulnerability of orphans from cancer and HIV affected households in Uganda

Monday, 29th August - Poster Presentation - Poster

Dr. Paul Bukuluki (Mak), Dr. David Mafigiri (Center for Social Science Research on AIDS, School of Social Sciences, Makerere University), Mr. Jude Tibemanya Rwemisisi (Center for Social Science Research on AIDS, School of Social Sciences, Makerere University)

Objectives: To explore how kinship and being a relative of adults affected by HIV and cancer impacts the basic rights for orphans in a patriarchal low resource setting.

Methods: An ethnographic study among the Baganda in Uganda relying on 15 in-depth interviews and kinship diagrams was conducted in 2013-14. A content and thematic analytical approach guided data analysis. Ethical approval was obtained and informed consent provided. Participation in the study was voluntary.

Results: Maternal relatives increasingly assume roles of meeting practical and strategic needs of orphans previously provided by the paternal kin. In a patriarchal society, children orphans are identified through the paternal lineage even when they are increasingly being cared, nurtured and socialized by maternal relatives. Orphans’ dependence on maternal relatives amidst patriarchal dictates to relate more with paternal relatives creates an identity and relationship dilemma for the orphans. Paternal relatives have become less accountable for their normative roles in care and support for Orphans. This has increased the burden of care for maternal relatives and vulnerability of orphans.

Conclusions: Differences in care and support and every day relationships between orphans and paternal and maternal relatives in HIV and cancer affected families have profound implications for policy and programming particularly in respect to foster care. Dynamics that characterize care and support relationships of maternal and paternal relatives should inform decisions about what constitutes stable or supportive settings for social support, long term and foster care.
Developmental health and wellbeing of Australian Aboriginal children in foster care: Are we making a difference?

Monday, 29th August - Poster Presentation - Poster

Dr. Shanti Raman (South Western Sydney Local Health District, Liverpool Hospital,), Ms. Stephanie Ruston (KARI Aboriginal Resources Inc), Ms. Sarah Irwin (KARI Aboriginal Resources Inc), Ms. Phuong Tran (KAR), Dr. Paul Hotton (South W)

Objectives: Children in foster care (FC) have well documented health and developmental needs. Aboriginal children are placed in care at 10 times the rate of non-indigenous children in Australia. In metropolitan Sydney, KARI an Aboriginal community organisation provides culturally respectful scaffolding and support to indigenous children in FC; including multi-disciplinary clinical assessment and intervention. Our aims were to determine the health and developmental needs of a subset of children in FC with who had been in stable care for at least a year. We wanted to identify child, carer, and intervention characteristics that contributed to children doing well. We also wanted to identify enablers and barriers to providing culturally competent intervention.

Methods: We identified children who had been in stable care with KARI for >12 months. We compared clinical measures and outcomes for these children with results from previous audits. We identified risk and resilience factors in home and school functioning for each child as well as enablers and barriers to culturally competent intervention by interviewing therapists and caseworkers. Simple descriptive analysis was done on the quantitative data, qualitative data was analysed thematically.

Results: We identified 26 children who had been in stable care with KARI, at entry their developmental profile was similar to that of previous audits. Most children got speech therapy; a third got occupational therapy and psychological intervention, most attended cultural programs. The majority of children (25/26) improved in their developmental health. Risk and resilience factors relating to child, carer/ home, and service intervention type were identified; some were not amenable to change. Caseworkers and therapists identified elements of good practice from a trauma-informed and culturally respectful perspective.

Conclusions: Most children in stable care improve, with intervention and support. There are challenges delivering a culturally competent service in a large metropolitan area, but it can be done.
Gender differences in the prevalence of adverse childhood experiences and health-risk behaviors among Saudi Arabian adults

Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Ms. Seren Almadani (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Hassan Saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs)

Objectives: Adverse Childhood Experiences (ACEs) have been found to be linked to health-risk behaviors in adulthood. Nevertheless, little research has been conducted to explore gender differences in the prevalence of ACEs and health-risk behaviors. The aim of this study is to identify the gender differences in the prevalence of ACEs and health-risk behaviors among adults.

Methods: A cross-sectional, national survey utilizing Adverse Childhood Experiences International Questionnaire (ACE-IQ), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in 13 regions of Saudi Arabia. Adults (N=10156) aged 18 years were invited to participate. Chi-square analysis was undertaken to examine the relationship between gender and prevalence of ACEs.

Results: Participant’s mean age 34.3±11.3 years, and 52% male. Thirty eight percent college educated, employed (51%), and married (59%). Prevalence of neglect (41%), psychological abuse (19%), physical abuse (13%), and sexual abuse (14%). Twenty percent reported no ACEs while 80% reported at least 1 ACE. Of these, 29% reported 4 ACEs. Exposure to 4 ACEs were found to be higher in males whereas low scores of ACEs were found to be higher in females (p<0.05). In terms of health-risk behaviors, males were more likely to smoke (57% vs. 17%, p<0.05), drinking alcohol (12% vs. 5%, p<0.05), using drugs (11% vs. 5%, p<0.05), and had pre-marital sexual relationship (26% vs. 8%, p<0.05).

Conclusions: Further research is needed to determine plausible pathways linking ACEs and health-risk behaviors among males.
Professionals’ attitudes towards suspected cases of child sexual abuse in Saudi Arabia

Dr. Maha Almuneeef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Dalia Alsaif (Ministry of Health), Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. hassen saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Hoda Almutlaq (Ministry of Health)

Objectives: Medical evaluation of children for concerns of child sexual abuse (CSA) requires specialized skills and training including forensic interview skills. The aim of this study is to determine whether three forensic attitudes (sensitivity, specificity, and skepticism) influence professional’s judgments and contribute to disagreements in conclusion of assessment of CSA cases.

Methods: The cross-sectional study, approved by the ethical committee of King Abdullah International Medical Research Center (KAIMRC) was conducted at law enforcement and prosecutor’s offices, hospital based child protection centers, and educational institutions throughout Saudi Arabia. Sample (N=327) was selected randomly from National Family Safety Program (NFSP) database of professionals in the fields of healthcare, social service, law enforcement, medical examiner, and education who were involved with suspected cases of CSA as part of their job or were in a profession that puts them in contact with such cases. Computer based survey was used for data collection.

Results: More than half of the participants were 40 years and male. Twenty five percent were doctor/nurse, social worker (24%), therapist/psychiatrist (20%), educational (17%), law enforcement (9%), and medical examiner (5%). High specificity towards professional’s judgment in assessment of CSA cases was found in sensitivity/specificity analysis. There were significant differences in attitude subscale scores by age (40 vs. >40 years), gender, number of training courses (>5 sessions vs. 5 sessions), and specialty of the participants with social workers more concerned about undercalling abuse than other professionals (p<0.05).

Conclusions: Strategies can be implemented to control the influence of subjective factors; these are highlighted including self-awareness of personal biases and team approaches of assessment.
History of victimization and interest in having access to a helpline among adolescents

Monday, 29th August - Poster Presentation - Poster

Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Hassan Saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs)

Objectives: Child helpline provides immediate consultation and/or referral of child related problems specifically focuses on assisting victims of child abuse and neglect (CAN). The aim of this study is to examine the magnitude of adolescents’ exposure and characteristics of potential callers to a helpline.

Methods: A cross-sectional, national survey utilizing ISPCAN Child Abuse Screening Tool Children’s Version (ICAST-CH), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in secondary schools in the five main regions of Saudi Arabia. Boys and girls, public and private schools were selected to participate. Students (N=16,010) aged 15-18 years were invited to complete the survey.

Results: Participant’s mean age 16.8±0.9 years, and 51% boys. Eighty seven percent (N=13,891) of the total participants reported being abused ranged from single (13%) to multiple forms (87%). Sixty percent (N=6,986) of the abused participants had interest in having access to child helpline. Those who had interest in having access to child helpline were more likely to be abused compared to those who didn’t (p<0.01). Significant gender difference was found in having access to child helpline and it was more likely among abused girls (p<0.01). Regarding number of abuse events, having access to child helpline was found more likely in multiple forms compared to single forms (p<0.01). Supporting factors to having access to child helpline included older age 17-18 years (OR=1.1, CI=1.0-1.2), girls (OR=1.4, CI=1.2-1.4), and multiple forms of abuse (OR=1.3, CI=1.1-1.4).

Conclusions: Educating children about the use of child helpline through outreach and awareness-raising activities might reduce the prevalence of CAN.
Prevalence of victimization and poly-victimization of children in Saudi Arabia: Results from ICAST study

Monday, 29th August - Poster Presentation - Poster

Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs),
Dr. Hassan Saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs),
Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs)

Objectives: Multiple forms of victimization (poly-victimization) can occur during childhood resulting harmful effects on health and difficult to reverse. Previous studies focused on individual, relatively narrow categories of victimization (e.g. psychological abuse, physical abuse, sexual abuse, and witnessing family violence), paying less attention to exposure to poly-victimization. Most studies of poly-victimization have been conducted in the United States and in northern European countries. The aim of this study is to determine the prevalence of victimization and poly-victimization among secondary school students in Saudi Arabia.

Methods: A cross-sectional, national survey utilizing ISPCAN Child Abuse Screening Tool Children’s Version (ICAST-CH), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in secondary schools in the five main regions of Saudi Arabia. Boys and girls, public and private schools were selected to participate. Students (N=16,010) aged 15-18 years were invited to complete the survey.

Results: Participant’s mean age 16.8±0.9 years, and 51% boys. Eighty one percent lived with both-parents, 6.2% with single parent, and 2.5% with step-parent. Most of the participants (89%) reported at least one type of victimization during their lives and 87% during the last year. Psychological abuse (79%) was the most common type of abuse followed by physical abuse (62%), neglect (53%), and sexual abuse (13%). Participants reported an average of 3.5±1.3 victimizations during their lives and 3.2±1.3 victimizations during the last year. Approximately 47% of the sample was considered as poly-victims (experienced 4-6 victimizations) during their lives and 38% during the last year. Poly-victimization was found to be higher in girls, 17-18 years, and living with step-parent (p<0.05).

Conclusions: The results highlight the importance of establishing public policy which encourages the social workers and Child Protection Services to screen poly-victimization in cases of suspected child maltreatment.
What if I face abuse? Awareness levels of bachelor students who might face possible abuse or neglect in their future career

Monday, 29th August - Poster Presentation - Poster

Ms. Ozge Sahin (HACETTEPE UNIVERSITY), Ms. Gamze Sen (HACETTEPE UNIVERSITY)

Although the real number of incidents remains to elucidated, many children are being exposed to abuse and neglect in multiple environments. These incidents have short and long term impacts on children. Especially, the effects of these incidence can be observed in children’s social, cognitive, emotional and physical development. The lack of knowledge about why we don’t know the real number of incidences have multiple reasons. One of the reasons can be accounted to lack of knowledge by experts about where to consult this situation. Investigations revealed that personal values, ethical dilemmas and lack of relevant information about neglect and abuse by the experts are the possible source of unknown number of incidences. The aim of the study investigate the awareness levels of the bachelor students who are studying in psychology, psychological counseling and guidance, medicine and social services departments, being close to graduate from university and having high possibilty to encounter abuse and neglect at their career. For this purpose, senior students will be given awareness of the scale of abuse to child neglect. The sample of the study contains 200 senior students who continuing his education at Hacettepe University at four different departments. According to the results obtained, lessons and seminars will be suggested to enter the curriculum to the relevant departments on the issue.
Association between childhood bullying and subsequent health-risk behaviors among Saudi Arabian adults

Monday, 29th August - Poster Presentation - Poster

Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs),
Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs),
Dr. hassan saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs)

Background: Bullying is widespread and the most underreported safety problem on school campus. It can threaten students’ physical and emotional safety, negatively impact their ability to learn, and has potentially far reaching negative implication. While extensive research has been conducted on childhood bullying and victimization in the western countries, there is lack of research in the middle-eastern countries. The objective of the study is to gain better understanding of childhood bullying and their association with health-risk behavior among Saudi Arabian adults.

Methods: A cross-sectional, national survey utilizing Adverse Childhood Experiences International Questionnaire (ACE-IQ), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in 13 regions of Saudi Arabia. Adults (N=10,156) aged 18 years were invited to participate. Odds ratios and corresponding 95% confidence intervals were calculated for each of the potential explanatory variables in relation to the outcome.

Results: Participant’s mean age 34.3±11.3 years, and 52% male. Thirty eight percent college educated, employed (51%), and married (59%). Fourteen percent of the participants reported being bullied during their childhood which include hit, kicked and pushed (22%); was made fun of because of nationality/color (8%), religion (8%), body/face look (14%) and sexual jokes (15%); was left out of activities on purpose (18%); and others (15%). Participants who experienced childhood bullying were 2.0 (95% CI 1.8-2.2) times more likely to smoke, 2.5 (95% CI 2.1-2.9) times more likely to drink alcohol, 2.7 (95% CI 2.3-3.2) times more likely to use drugs, and 2.5 (95% CI 2.2-2.8) times more likely to have ever had pre-marital sexual relationship.

Conclusions: Prevention of bullying should be in the national agenda in Saudi Arabia. Ministry of Education should play a major role in initiating specific regulation for prevention and intervention in school.
Validation of the attitudes towards the infant’s crying scale

Monday, 29th August - Poster Presentation - Poster

Prof. Lucia Williams (Universidade Federal de São Carlos), Ms. Nahara Rodrigues Laterza Lopes (Universidade Federal de São Carlos), Prof. Anne Marie Fontaine (Universidade do Porto), Prof. Patricia Schelini (Universidade Federal de São Carlos)

Pediatric abusive head trauma (AHT) is a type of child maltreatment which consists in shaking a baby violently. AHT may lead to serious consequences for child development, including death. The literature points out some programs for AHT prevention, but none of them use validated instruments in its assessment, which hampers the interpretation and the generalization of results. The aim of this study was to describe the development and validation of a scale to assess knowledge on AHT. The Attitudes towards the Infant’s Crying Scale, built after a review of pre-existing literature and its scales, was administered to 500 parents of children less than 2 years of age or during mother’s gestational period. Participants were mostly women (84%) and married (86%). Participant’s mean age was 29 years, and their mean monthly income was US$ 19,723,56 (middle-high class in Brazil). Participants had studied for 14 years in average, and they answered the scale online or in person at public and private Health Units. The scale was submitted to exploratory factor analysis in main components with varimax rotation. The final scale version consisted of 50 items divided into six components: 1) Consequences of Shaking; 2) Caregiver Wellbeing; 3) Strategies to deal with Crying related to the Baby; 4) Strategies to deal with Crying related to Caregiver; 5) Negative Aspects of Baby Care, and 6) Characteristics of the Infant’s Crying. All subscales have good internal consistency indices, in addition to meeting relevant theoretical dimensions of the literature. The scale has since been used successfully to assess an AHT prevention program in Brazil.
'Baby' child minders in Nigeria: Search for institutional framework

Monday, 29th August - Poster Presentation - Poster

Mrs. Nnenna Oyeoku (Department of Curriculum and Teacher Education, Faculty of Education, Abia State University, Uturu, Abia State, Nigeria.)

The arrival of new born babies brings joy to every family in Nigeria. Very often, the joy shifts from the arrival of the baby to the pain of finding child minders. While the parents look for daily bread, elder siblings, relatives or members of the extended family, who are below the age of six years are left to the care of the younger baby. A ‘baby’ child mender could be a relative or another child from the community hired to take care of smaller babies. The situation can best be described as a baby taking care of another baby. The study investigates the risk factors for Nigerian children brought up by ‘baby’ child minders. Despite Child’s Right Act and the family law in Nigeria in respect of those who should be child minders, a gap still exists between the policies and practices. The goals of this study were first, to investigate risk factors associated with these ‘baby’ child minders on the children they care for; two, why there are ‘baby’ child minders; three, what effect it has on the children; four, what can/should be done to stop the practice; fifth, effect of policies on ‘baby’ child mender. Method of investigation involves in-depth interviews and observations. Findings would be of interest to policy makers as it affects the child. This paper should be of interest to parents and to a border audience than just child minders in Nigeria.

key words:
‘Baby’ child minders.
Institutional Framework.
What does it really mean to make data driven decisions in child welfare?

Monday, 29th August - Poster Presentation - Poster

Ms. Carole Hussey (Public Consulting Group), Ms. Kay Casey (Public Consulting Group), Mr. George Selvanera (Public Consulting Group)

Technology Systems are not well understood and often do not adequately support business processes. Systems tend to be designed for data collection. Reporting and data usage is often an oversight and typically the last priority. Having “Lots” of data does not always equate to solving social problems. Big data does not always mean big solutions.

In this session, participants will:

• Learn how to establishing a sustainable structure of analytic maturation
• Understand the Importance of identifying sources and consumers of data
• Learn how to create a data literate workforce
• Gain techniques for identifying actionable data scenarios

We will challenge the participants with a dialogue about the underutilization of data and discuss analytics challenges including the lack of system compatibility, independent islands of automation and the sometimes insurmountable problems of data sharing restrictions.

Data analytics methodology will be discussed, including the guiding principles of data analytics, giving conference attendees the tools to think about how data analytics, business intelligence, and predictive analytics fit within their domain.

Our presentation will provide concrete examples of where data analytics has been used in human services agencies to gain efficiencies, reduce cost, and improve outcomes for children and families. We will present the business problem, how it was solved, and the results of those efforts.

In the world of child welfare, where time and cost have major implications, data analytics is the only way to make informed and insightful decisions that can improve outcomes and enhance business operations. This presentation will strip away the complexities and fears associated with building and operationalizing data analytics, and approach it from an achievable and realistic perspective.
Maping social organization of child welfare systems: An exploration of how parents’ point of view is excluded

Monday, 29th August - Poster Presentation - Poster

Ms. Vicky Lafantaisie (Université du Québec à Trois-Rivières), Prof. Tristan Milot (Université du Québec à Trois-Rivières), Dr. Carl Lacharite (Université du Québec à Trois-Rivières)

Child welfare interventions are mainly based on a medical model (Firestone, 2009; Gingras & Lacharité, 2009) adopting a posture of authority while giving a passive role to the families. This hierarchical relationship does not give much consideration to the families’ point of view in the assessment of their situation (including children’s needs) and in the elaboration of an intervention plan. Grounded on an institutional ethnography approach, this study examines how the perspectives of families involved in a child neglect situation are excluded of the child welfare systems. First it aims to describe how actual practices in child welfare systems regarding child neglect are anchored in a dominant, expert approach. Second it aims to describe the social organization that structures these practices of intervention. To do that, we first participated to and observed five meetings between frontline workers and parents involved in a child neglect situation. Then we conducted individual interviews with 15 of the workers involved in these meetings. Also, we analyzed the texts, documents and guidelines that have been identified by the workers as important references for their practice (such as youth protection act and court reports). We finally conducted interviews with three clinical supervisors. All data were analyzed using a qualitative approach. Results suggest that practices based on a medical model are supported by texts and institutional mechanisms that contribute to the reproduction of this kind of intervention. Findings highlight how actual practices in child welfare are still anchored in a dominant approach. Taking into account the growing consensus on the importance of considering families’ perspectives, these findings raise questions such as: how can we give more relevance to the voice of families? In our discussion, we propose some recommendations to promote a participatory approach with families involved in child welfare systems.
Prevention violence against children in Uganda

Mr. Joseph Kabogoza (MITYANA ORPHANAGE AND VOCATIONAL SCHOOL)

Background

Uganda has implemented laws expected to guarantee the safety of children in homes and institutions. Key line ministries responsible for children’s affairs have prepared statutory instruments and regulations relevant to child safety, such as The Children’s Act, The Employment Act, The Domestic Violence Act, The Children Trafficking Act, and others.

Key points

Recent studies indicate increased violence against children more than two-thirds (75.8%) reported having experienced sexual violence, such as being touched. Girls experienced sexual violence more often than boys, with 46.5% reporting that they had been touched sexually against their will and one fifth (20.5%) reporting that they had been forced to have sex. A total of 13.3% of the boys reported being forced to have sex, and 27% reported being touched sexually against their will.

Recommendations/ Way forward on Child Protection

The Children ACT (CAP 59) is another tool that can be embraced by civil society organizations in their sensitization seminars to sensitize masses on child rights, child protection, child responsibilities and all forms of child abuse.

Local policing in the communities is another key issue, the local leaders to be more involved in implementing and monitoring child care programs either by government or civil society organizations.

All stakeholders especially parents should be equipped with tips on how best they can address the issue of child labour – working in bars, house girls with little pay in return – children are being used to work as bar attendants eventually as sexual objects.

Every stakeholder should be trained to advocate to stop Corporal punishments: especially by teachers in schools and their parents at home. Some teachers and parents think that corporal punishment is the only way to discipline a child.
Development of a hospital based child protection team in Cambodia

Monday, 29th August - Poster Presentation - Poster

Dr. Jamye Coffman (Cook Children’s Medical Center), Dr. Rathi Guhadasan (Angkor Hospital for Children), Mr. Sorn Sokchea (Angkor Hospital for Children)

Children’s health institutions are vital to child protection. A recent cross-sectional household survey in Cambodia revealed the pervasiveness of different forms of violence against children. As in many developing countries, the medical and socio-legal infrastructure required for child protection services is in its infancy in Cambodia and healthcare and allied professionals therefore need significant training and support. Through the formation of child protection teams and collaboration with trained professionals, hospitals can increase patient protection and strengthen medical care. A child abuse pediatrician from USA educated Cambodian pediatric residents, social workers, and other hospital staff at Angkor Hospital for Children (AHC), Siem Reap, Cambodia in 2012 on the definitions, recognition and evaluation of child abuse victims; and assisted with policy and guideline development. In the following 3 years, the social work team expanded, developing child abuse-specific roles within the team. Five pediatricians now evaluate suspected sexual abuse cases. A workshop for doctors, nurses and social workers was developed by the child abuse pediatrician and education director and held twice in 2015. Pre- and post- tests, course evaluations and classroom discussions revealed issues with recognition and management of physical abuse, the need to develop strategies to minimize re-traumatization, language barriers with social workers and duration of training, which will be addressed in future endeavors. We now have a reproducible course for all clinicians and social workers at AHC and plan to develop more specialized training for the child protection team and basic training for other hospital staff. Angkor Hospital for Children has established a child protection team consisting of social workers, physicians, and educators. It is a resource to the victims and families, the community, NGOs working with this population and law enforcement. This model can be duplicated in other hospitals in low income countries.
**What scientific publications have to say about parental alienation in Brazil**

*Monday, 29th August - Poster Presentation - Poster*

**Mrs. Sheila Soma (Universidade Federal de São Carlos), Prof. Lucia Williams (Universidade Federal de São Carlos), Mrs. Marina Castro (Universidade Federal de São Carlos)**

In spite of the controversies associated with the topic of Parental Alienation Syndrome (PAS) or Parental Alienation (PA), and lack of substantial research on such topics, Brazil is perhaps the only country in the world with a Federal Law on Parental Alienation (Federal Law 12.318/2010). In existence since 2010, the law provides punishing consequences for alienating practice by parents and determines the role of Forensic Psychologists in the investigation of alleged cases. The aim of the present study was to review the Brazilian scientific literature on PA and PAS. The methodology involved reviewing main Brazilian electronic databases up to July/2015 (IndexPsi, Pepsic, SciELO, Capes and Lilacs) for studies that made reference to the two terminologies in available Portuguese speaking journals. As a result, 13 articles in Psychological or Legal journals were selected. The studies were reviewed and classified according to its methodology in the following categories: 1) Theoretical papers: papers which reflected on the use of PA or PAS, without defining concepts or summarizing theories in depth; 2) Theoretical reviews: papers presenting a larger conceptual framework, and theoretical refinement, based on published studies or professional practice; 3) Empirical studies: studies which collected or analyzed data through field research and hypotheses testing; 4) Essays: texts written in literary style without interpretation of theories and facts. As a result, four studies were found to be Theoretical papers, four Theoretical Reviews, four Empirical Studies and one Essay. Unfortunately most publications, including the empirical studies, did not contribute to the advancement of an understanding of PA or PAS, as they often used the two terms as synonyms, with an emphasis on psychoanalytical terminology, in general. Concern about confusion to professionals and implications to child protection are raised, as well as the need to train Brazilian professionals on such topics.
Adverse childhood experiences and cognitive self-regulation: Findings from a non-clinical sample of Canadian adolescents

Objectives: Although global aspects of social well-being have been linked to cognitive-behavioural self-regulation in children and youth, few studies have examined the more specific association between adverse childhood experiences (ACES) and cognitive self-regulation in adolescents. Thus, the present study assesses the association between ACES and core aspects of cognitive self-regulation (including planning, reasoning, attention and working memory) in a non-clinical sample of Canadian adolescents.

Method: Data are from the pre-test of a randomized controlled trial of the Fourth R: Healthy Relationships Plus Program, and were collected in June-July 2014 from 212 adolescents aged 14-16 in Southwestern Ontario (67.0% female, 75.9% White). Cognitive functioning was assessed using an online battery that measures distinct working memory, reasoning, and attentional processes. ACES were assessed using the Adverse Childhood Experiences Study survey. Based on previous research findings showing the adverse health outcomes associated with ≥4 ACES, sum scores were dichotomized for the present analyses (1= ≥4 ACES; 0= <4 ACES). Data were analyzed using linear regression models controlling for IQ, SES, pubertal development, age and sex.

Results: 18.3% of participants had experienced ≥4 ACES. In multivariate models, participants who had experienced ≥4 ACES had significantly poorer performance on tasks tapping working memory than participants with <4 ACES (p=.019). There was no association with reasoning or attentional processes.

Conclusions: Our findings demonstrate a specific association between adversity and cognitive aspects of self-regulation, by showing that adverse childhood experiences, including maltreatment, are associated with lower working memory scores in mid-adolescence. Future studies should investigate how early adversity impacts this self-regulation, through possible effects on the calibration of the HPA-axis and related neural circuitry. Since cognitive-behavioural self-regulation is a robust longitudinal predictor of academic achievement, social adjustment and health behaviours, as well as overall social well-being, implications of these findings for adolescent adjustment and prevention strategies will be discussed.
Safe and unsafe spaces? Using drawings and photos to explore children’s sense of safety in domestic violence

Monday, 29th August - Poster Presentation - Poster

Prof. Jane Callaghan (University of Northampton), Ms. Joanne Alexander (University of Northampton), Dr. Lisa Fellin (University of Northampton)

Objectives:
Dominant professional and academic discourses position children who have experienced domestic violence as passive observers of abuse, ‘wounded’ by the things they have seen (Øverlien 2013). Challenging this representation of children, this paper explores how children represent embodied and spatial experience of violence, including a consideration of how children use their material experiences to produce resistant embodied agency.

Method
This paper is based on interviews with 107 children, in 4 European countries (Italy, Greece, Spain and the UK), focused on their experiences of coping and of maintaining a sense of agency, in families where domestic violence occurs. These interviews included use of photo-elicitation, free drawing, and guided drawing - including family drawing and spatial mapping (Bridger, 2013; Gabb and Singh, 2014), to facilitate young people’s expression of difficult to articulate experiences. The interviews were analysed using Denzin’s Interpretive Interactionism.

Results:
Visual methods facilitated children’s critical reflections on their experiences of embodiment, and how they used spaces and places within and outside the violent home environment. Three themes are considered: children’s experiences of displacement and disruption (the un-homing of the home), their accounts of creating safe spaces within their home, and use of space as a form of escape and resistance to abuse and control.

Conclusions and Implications
Findings suggest that children are capable and active agents, resourceful and inventive in their capacity to use, produce and construct physical, embodied and relational spaces for security, comfort and healing during and after living within violent and volatile contexts. The practical applications of these findings are considered.
Resilience in nonoffending caregivers and families of abused children in the Philippines

Ms. Faridah Cabbigat (Macquarie University), Dr. Maria Kangas (Macquarie University)

Research has documented the deleterious impact of child abuse disclosure on parents and their families. However, few studies have examined perceived characteristics of resilience in nonoffending caregivers of abused children and their families. Integrating trauma, resilience, and the family strengths perspective, the objective of the current study was to investigate parental emotional wellbeing, stress, and behaviors, as well as perceived family functioning in nonoffending parents/guardians of abused children from the Philippines. Participants included 92 parents/guardians of abused children and a comparison group of 94 parents of nonabused children who were recruited from different regions in the Philippines. Self-report questionnaires were used to initially assess the participants between 6 and 12-months (Time 1) following child abuse disclosure and then re-assessed one year later (Time 2). Results from multivariate analyses showed significant differences between the groups in parental emotional wellbeing and inconsistent discipline at Time 1 but not at Time 2. Additionally, families of abused children were perceived as rigid, chaotic, disengaged, less cohesive, and less balanced in overall family functioning at Time 1 but no differences across the family functioning variables were found at Time 2 between the two parental groups. Results further showed that at both assessments, reduced emotional wellbeing was associated with poor parental supervision. Low cohesion and flexibility and poor family communication was associated with parental distress in Time 1 but only poor family communication correlated with parental distress in the follow up assessment. Findings highlight the importance of considering individual and family resilience factors to address the needs and concerns of nonoffending caregivers of abused children and their families.
Internationally applicable child sexual abuse prevention program

Monday, 29th August - Poster Presentation - Poster

Mrs. Karin Stierlin (taboobreaker association)

Child Sexual Abuse (CSA) prevention is still neglected and tabooed in the field of education due to its high conflict potential.

Teachers lack guidance and material for the integration of CSA prevention into their curriculum. Therefore, taboobreaker develops a cross-media CSA prevention program for children in the age of seven to eleven years that is seamlessly integrable into the curriculum. The program has the aim to create an effective, yet relaxed learning atmosphere.

The program development is based on science and practice, including feasibility studies and a landscape analysis.

The cross-media concept is easy adaptable to the specific needs of Countries and the available school infrastructure at very low cost and in a time effective way.

The program has a highly interactive and playful approach. All contents are ready to use and only require a minimal preparation time. Teachers receive additional support on a guidance website that includes a program generator and tutorial movies.

The realisation of this 18 months project has been generously founded by the UBS Optimus Foundation.

Taboobreaker has over 20 years of profound global experience in the fields of pedagogy, prevention and sexual education.

Through the close cooperation with internationally acknowledged experts in child protection, science and game design, taboobreaker is able to provide evidence-based, high quality programs, that have the potential to generate a sustainable impact.

In her speech Karin Stierlin will talk about the challenges and the potential of a prevention program, that has been created in cooperation with an international team, and give a detailed insight into the program concept and contents, based on science and practice.

In addition, she will disclose the results of the feasibility studies that were performed in Swiss schools and speak about further international studies, planned for 2017.
Effects of a parent-training program on the trajectory of children in child protective services

Mrs. Isabelle-Ann Leclair Mallette (Université de Sherbrooke), Mrs. Marie-Josée Letarte (Université de Sherbrooke), Dr. Sonia Helie (Centre jeunesse de Montréal)

Purpose
Each year, in United States, one child out of 58 is a victim of maltreatment. Since parenting practices are often deteriorated in such context, parents involved with child protective services (CPS) are frequently offered/ordered to participate in parent-training programs (PTP). PTP aim to improve parenting practices to ultimately prevent maltreatment recidivism. Incredible Years (IY), an evidence-based PTP, has been implemented since 2003 in a child welfare agency in Montreal.

This study aims to evaluate if participation to IY increase the probability to end maltreatment.

Method
Survival analysis are used to compare a group of children aged 6 to 10 years (mean age = 8 ) followed by CPS whose parents have participated to IY between 2007-2013 and a control group composed of children followed by CPS whose parent did not participate to IY. The dependent variables are: (1) the date of reunification with family for children in out-of-home placement during IY; (2) the date of the end of CPS involvement, indicating that the security and development of the child are no longer endangered; (3) the date of substantiated reports after IY.

Results
Descriptive statistics showed that 302 children had their parent involved in IY. 60% had an initial report for neglect, 18% for physical abuse and 22% for other type of maltreatment. 81% were under court-ordered protection and 60% were in out-of-home placement. Survival analysis verify if children of the IY group have: (1) a greater probability to return to their family more rapidly after a placement, (2) a greater probability to end their involvement with CPS more rapidly and (3) a lower probability to be once again victim of maltreatment.

Conclusion
Recognizing the efficacy of IY on distal variables associated with children’s trajectories in CPS may confirm the relevance to implement PTP in child welfare agencies.
Identifying academic difficulties in a child welfare population: Practice and policy implications

Ms. Jane Sanders (University of Toronto), Dr. Barbara Fallon (University of Toronto)

Objectives: Few data exist about the intersect of child welfare services and the educational system in Canada. This paper establishes the proportion of child maltreatment investigations involving academic difficulties while exploring its contribution to key service dispositions: transfers to ongoing services and substantiation.

Methods: This presentation uses a provincial child welfare dataset to examine the academic profile of children who have been identified to the child welfare system. The data was collected using a multi-stage sampling strategy involving 17 child welfare agencies; there was an estimated 125,261 child maltreatment investigations.

Results: Twenty-two percent of child maltreatment investigations noted an academic difficulty. The presence of academic difficulties increased proportionality as the children aged. For investigations involving an allegation of neglect for 15 year olds, workers noted academic difficulties in 65% of investigations. Academic difficulties were predictive of the decision to transfer the investigation to ongoing services (OR: 1.6) and substantiation (OR=1.3) when controlling for the clinical concerns of the investigation.

Conclusions: Academic difficulties can be interpreted as an indicator of current functioning and as a predictor of future success. Research shows that disruptions in academics compound over time. Repeated disruptions are particularly significant, such as may be the case in situations of neglect. Ensuring appropriate effective support for students who have experienced maltreatment is complex given the crisis response nature of child welfare contrasted with long wait times and an emphasis on stability and client self-direction in mental health services. Yet students are, and should be, attending school throughout. Teachers may feel ill equipped to support vulnerable students and manage behavioural and academic expectations in the classroom. Academic difficulties are a contributing factor in child welfare decisions and the importance of collaborative interventions between sectors is recognized. The opportunities to support this vulnerable population are reviewed.
Intersectionality: Reframing grandparenting in small towns and rural areas through an intersectional lens

Dr. Karen Harper-Dorton (School of Social Work, West Virginia University)

Increasing understanding of the dynamics surrounding grandparenting has never been more important in the US as about 7.8 million children live in some form of grandfamily caregiving. An intersectional lens can deepen understanding of identity formation as a child develops self in relation to factors including culture, ethnicity, religion, gender, social class and family. Utilizing an intersectional lens to assess interconnectedness across human, social and economic factors has the capacity to increase understanding and perhaps encapsulate factors that empower and liberate as well as those that oppress and carry burdens of inequalities in the lives of children.

Children develop not in a vacuum but in complex environments, a multi-dimensional world of human factors and social dynamics that shape lived realities. Examining mutual constructions of factors such as gender, race, class, and family values is important in designing future social services and practices to serve children in various forms of nuclear, kinship, and grandparent families.

This presentation promotes understanding intergenerational care of children from an intersectional perspective. Intersectionality dates back about more than thirty years as a perspective originally in demarginalization of race and gender and has expanded to interconnections of many human, social, and political factors.

Objectives
A. To define intersectionality and its applicability to understand and assess influences in the lives of children in intergenerational care
B. To report trends of intergenerational caregiving with emphasis on small towns and rural areas
C. To identify positive and negative influences intersecting across human and social systems in intergenerational caregiving

Methodology
Existing data reported by Generations United, US Census, and other state reports, will be utilized to assess laws and services for intergenerational caregiving among the 20 least densely populated states. Outcomes include state rankings and services.

Presentation
PowerPoint, Case Examples, Handouts
70 years of unlearned lessons: Time for a new approach to child abuse inquiries?

Monday, 29th August - Poster Presentation - Poster

Ms. Alyson Leslie (FIRST Faculty)

Since 1945 the United Kingdom and its Crown Dependencies have adopted a quasi-judicial response to high profile child abuse cases, usually in the form of a senior judge working with team of lawyers to conduct a public inquiry. Inquiries typically last one - four years. The findings and recommendations of over 50 major child abuse inquiries over seven decades have produced remarkably similar “lessons to be learned” - which apparently haven’t. A current proliferation of this model in the UK in the last three years has seen seven major child abuse inquiries launched, with costs running into tens of millions of pounds and reporting timescales reaching into the next decade. Drawing on over years direct experience of inquiries and a study of approaches adopted in UK inquiries, this paper considers: What do these inquiries achieve? Are some more effective than others? To what extent do they improve outcomes for child victims and better equip professionals? Dialogue and collaborative working are proposed to reflect on how the resources invested in costly public inquiry undertakings might be best directed to the goal of keeping more children alive and safe from abuse, while satisfying legitimate public interest in learning from and preventing child abuse tragedies. An example of an alternative model of inquiry, in which practitioners, academics and educators are closely engaged in capturing, disseminating and transferring learning is outlined to spark debate.
Parenting practices and parent-child relationship of parents followed by child protection services

Monday, 29th August - Poster Presentation - Poster

Ms. Katherine Marcil (Université de Sherbrooke), Mrs. Marie-Josée Letarte (Université de Sherbrooke), Mrs. Hélène Fortier (Université de Sherbrooke)

Purpose
In maltreatment situation, parent-child relationship quality and parenting practices can be deteriorated (Paquette, 2008). Some argue that parent-child relationship quality is critical to improve parenting practices (Dishion and McChamon, 1998; Crouter and Head, 2002). This study aims to 1) describe parenting practices and parent-child relationship among parents followed by Child Protection Services (CPS) and 2) explore the link between parenting practices and parent-child relationship.

Method
Parents (n=62) of child aged between 6 and 10 years followed by CPS for maltreatment completed Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, 1991; adapted by Groupe de recherche sur les inadaptations sociales de l’enfance de l’Université de Sherbrooke; alphas 0.86-0.95) and Parenting Practice Interview- french version- (PPI; Webster-Stratton, 1998; alphas 0.62-0.82).

Results
Descriptive statistics of the PPI showed that parents report some difficulties on the scale of harsh and inconstant discipline (M=3.10, ET=0.87), verbal positive discipline (M=5.40, ET=1.77) and supervision (M= 5.65, ET=0.98) regarding cut off score established for risk mothers of child aged between 4 and 6 years. Descriptive statistics of PARQ showed that parent report a high level of warm/affection and low level of coercion and indifference/neglect. Those results are surprising considering that they were followed by CPS for maltreatment. Results demonstrated a correlation between warm/affection and harsh and inconstant discipline (r=-.25; p<.05), positive verbal discipline (r=.25; p<.05) and incentives (r=.26; p<.05) and between indifference/neglect and harsh and inconstant discipline (r=,322, p<,01) and between hostility/rejection and harsh and inconstant discipline (r= .580, p<.01). Further analyses will be conduct to examine the nature of those links.

Conclusion
From those results emerge a new question: what is the role of parent-child relationship quality in explaining the improvements of parenting practices during Parent Training Program? Those programs are often offered in CPS to improve both (Barth, Landsverk, Chamberlain, Reid, Rolls, Hurlburt, et al., 2005).
School staff represent a cohort of professionals who are well-positioned to recognize changes in behavior patterns and other signs of potential child abuse or maltreatment. Until recently, school staff levels of skills, knowledge and confidence to recognize, respond to and report cases of suspected child abuse has been largely unknown. In September, 2015 the Education Committee at the Sheldon Kennedy Child Advocacy Centre distributed an online survey to a diverse group of elementary and secondary school staff in eight jurisdictions. Responses provided critical insight into the strengths, challenges and opportunities among schools staff in identifying, responding to and reporting cases of suspected child abuse. These results, in addition to stakeholder interviews, focus groups and the literature have led to a stronger understanding of:

• Levels of confidence and self-reported skills in recognizing and responding to cases of suspected child abuse among school staff.
• Influential factors in deciding to report suspected cases of child abuse.
• Previous professional education and training on child abuse and neglect.
• Types of support, resources and information that would help to increase confidence and skills in recognizing, responding to and reporting child abuse.
• Policy recommendations

Survey results illustrate the need for a multi-faceted, collective approach to reducing the factors that impede school staff to recognize, respond to and report child abuse. Session facilitators will share the survey results as well as strategies being collaboratively developed with school jurisdictions and at the University level. Participants will have an opportunity to discuss data presented, ask questions and contribute their insights.
Child aware approaches: Promoting local solutions & community action to enhance child safety & wellbeing in Australia

Monday, 29th August - Poster Presentation - Poster

Ms. Stella Conroy (Families Australia)

Child Aware Approaches is a new national initiative, which aims to embed and promote Child Aware principles and practices across organisations, communities, business and governments. This initiative is an integral part of the National Framework for Protecting Australia’s Children 2009-2020; Australia’s first national plan to address child abuse and neglect. The National Framework is significant in the international context for its hallmark collaborative approach between Governments and civil society.

Child Aware Approaches aim to showcase innovation and promising practices for non-government organisations and local communities, and harness their collaborative efforts for improving the safety and wellbeing of Australian children and young people.

The Australian Government provided funding to trial Child Aware Local Initiatives (CALI) in seven local communities which have identified a community sector or local government lead agency.

The seven trial site leaders are supported by Families Australia and the Australian Centre for Child Protection (UNI South Australia).

CALI was rolled out during 2014-15. The outcomes demonstrate that local communities are concerned about children’s safety and wellbeing, and are capable of identifying and trialing ways to support children and their families, to prevent violence against children. CALI is helping adults to engage with children and young people. Outcomes show that community leadership and engagement can improve aspects of safety and wellbeing for children, young people and their families.

While the final report is not yet available, Families Australia anticipates that in some sites notifications to child protection authorities have reduced. It appears that improving community attitudes and understanding may enhance support for children and families experiencing vulnerability by improving access to early prevention and intervention strategies which focus on child safety and wellbeing.

The CALI learnings have potential as an innovative community strategy to reduce the alarming rates of child protection substantiations in Australia.
Enhancing technology in rural and First Nations Yukon communities to improve access to services for child and youth victims and their families through justice processes and beyond

Monday, 29th August - Poster Presentation - Poster

Ms. Lindsay Roberts (Victim Services, Department of Justice, Government of Yukon)

In 2011, Department of Justice for Yukon Government began Project Lynx in response to high rates of police-reported sexual crimes against children and youth. Project Lynx reduces trauma and re-victimization of children in the justice system through a multidisciplinary coordinated response to child abuse. Research and evaluation support integrated approaches involving law enforcement, child protection, prosecution, medical, family/victim advocacy, and other resources. Project Lynx enhances system responses at organization, team and client levels, applying trauma-informed victim-focused and child-centered best practice standards for young victims and families across systems.

Project Lynx coordination efforts identified service gaps for young victims and families living in rural Yukon having less access to services to assist them in navigating the justice process. Court parties travel out to each community, however between circuit court sittings court business occurs in Whitehorse. Victims and families often have to drive or fly vast distances in the community to attend court or to access supports, affecting their participation and resulting in exclusion from court processes, meetings, and sentencing.

Project Lynx partners have taken innovative steps to enhance technological capabilities to reach rural and First Nations children, youth and families to increase their participation in justice processes in their communities. Enhancements to videoconferencing across Yukon support client access to justice processes including prosecution, victim services, and court testimony. Now victims and families have opportunity to safely and comfortably participate in court processes using video technology.

Early outcomes have been positive related to videoconferencing for young victims to provide testimony from outside the courtroom. Videoconferencing improvements also support Yukon justice processes to align with best practices for child and youth victims and families and the Canadian Victims Bill of Rights. Continuing infrastructure improvements will support the capacity of the community providing access to more services and resources through the available technology.
The role of school in child protection reporting: A comparative analysis between France and the US

Monday, 29th August - Poster Presentation - Poster

Prof. Jocelyn Brown (Columbia University, Department of Pediatrics, Division of Child and Adolescent Health), Prof. Agnes Ducros (École des hautes études en santé publique), Dr. Caroline Volel (Columbia University Mailman School of Public Health, Department of Population & Family Health), Dr. Jeanine Pommier (École des hautes études en santé publique)

Objectives:
School physicians, in France and in the US, interface with children much more often than a regular pediatrician, making them the most likely observers of potential child maltreatment, but their role in child abuse identification differ. In the US child protection is not mentioned in the critical knowledge base of the school physician in the policy statement of the American Academy of Pediatrics. The contrary is true in France where they have a specific mission and child protection is an integrated part of school health where their role is to promote school health for all students from preschool to high school. Our objective is to understand the role of school physicians in each country and to explore from a public health perspective the role of the school in child abuse prevention in a comparative perspective.

Methods:
A qualitative study will be developed in each country analyzing: 1) the state laws and policies that define the general context of child protection and in particular that define/ or not the role of the school setting; 2) the existing protocols describing school physicians’ role or teachers role when child abuse is suspected; 3) the perspective of county school and child protection stakeholders regarding their view of the role of the schools in child abuse prevention.

Results
We will answer three questions : 1) how State laws define/or not the role of the schools in the context of child protection 2) how the role of schools physicians vary in their mandate to report and identify maltreated children 3) whether State and county school and child protection stakeholders believe schools have a role in child abuse prevention.

Conclusion
These results will allow making recommendations for schools in terms of preventive approaches to be developed or in terms of training for school professionals.
Statistical examination of adverse childhood experiences at family in order to improve engagement in the primary prevention of child abuse

Monday, 29th August - Poster Presentation - Poster

Dr. Tsuneo Ninomiya (School of Health Sciences, Faculty of Medicine, University of Tokushima), Prof. Hiroe Tani (Institute of Biomedical Sciences, Tokushima University Graduate School), Ms. Hiroko Hashimoto (Institute of Biomedical Sciences, Tokushima University Graduate School)

Objectives: Statistical examination of adverse childhood experiences (ACE) at family in order to improve engagement in the primary prevention of child abuse that begins during pregnancy and immediately after childbirth. ACE are contained “maltreatment, or not loved by parents”, “confronted with parents”, “rigorous parents”.

Method: Analysis on the relation between ACE and the outcome of rearing support for high-risk parents identified in the maternity hospitals, the municipals’ Hello Baby program and infant health checkups (the municipality group).

Results: In the six years between 2009 and 2014, the number of new high-risk parents in maternity hospitals and the municipality group was 2,252, of which 956 came from the maternity hospitals and 1,296 from the municipality group. Of the 356 parents who were cooperated with child guidance centers, 88 (9.2%) were in the maternity hospitals, which was fewer than the municipality group (268, 20.7%). ACE was observed in 207 subjects, of which 69 (33.3%) subjects were cooperated with child guidance centers; this number was greater than the 287 (14.0%) of 2,045 subjects who did not have ACE. The average ascertainment rates of ACE were 8.2% for the maternity hospitals and 10.0% for the municipality group. The cooperative rate with regards to child guidance centers through ascertainment pathways for the maternity hospitals was 34.6% with ACE and 6.9% in the absence of ACE, whereas for the municipality group it stood at 32.6% and 19.4%, respectively. In the event of ACE and cooperation with child guidance centers, a significant difference was found in the following risk factors: “marital disagreements and domestic violence,” “financial problems,” and “house overflowing with garbage.”

Conclusions: Rearing support for high-risk parents with ACE will be necessary to examine for financial problems and familial conflicts.
Evaluation of an adolescent dating violence prevention program with low-income Brazilian students

Mr. Sidnei Rinaldo Priolo Filho (Universidade Federal de São Carlos), Prof. Lucia Williams (Universidade Federal de São Carlos)

This presentation describes an ongoing teen dating violence prevention program to diminish the occurrence of physical, psychological and sexual violence, and increase social problem-solving skills.

Method: A low-income neighborhood school in São Paulo took part of the study, with 82 adolescents (45 females, 37 males) randomly selected as Control (23) or Experimental (59) groups (mean age 15.9 years). Participants answered demographic questions, the Conflicts Tactics Scale – Revised (CTS-2), the Alcohol Use Disorders Identification Test (AUDIT), a Questionnaire on Beliefs about Violence, and an evaluation of the intervention, which involved 10 50 minute sessions conducted by a male and a female psychologist.

Preliminary Results: In the Experimental group, 32.2% of students were involved in romantic relationships in pretest; 30.5% in the posttest, while for Controls those percentages were 69.5%; 30.4% respectively. CTS-2 results showed stability for the Control group with same rates on pre and posttest for violent dating authorship behaviors (78.9%) and victimization (68.4%), while in the Experimental group those rates decreased from 88.8% to 71.4% regarding authorship of violent behaviors, and from 88.8% to 82.1% for victimization. AUDIT results showed decreases for the Experimental group on alcohol consumption (from 42.3 to 35.3) and binge drinking (32% to 30%) in the last 30 days, while Controls had slight increases for alcohol use (from 58.3% to 60.8%), and binge (35.7% to 42.8%). On the Beliefs about Violence Questionnaire, males (27.2–26.4) and females (30.8–30.6) from Controls presented stability on the frequency of adequate answers, whereas the Experimental group presented a slight increase (males 28.2–29.6; females 30.7–32.1). Participants evaluated the program with an average score of 4.7 out of 5.

Conclusions: Preliminary results are encouraging and statistical tests will be conducted to verify the program’s effect. Limitations and future contributions will be discussed.
The association between psychological traumatization and executive functions in children and adolescents: A meta-analytic approach

Ms. Rosanne Op den Kelder (University of Amsterdam), Ms. Alithe L. Van den Akker (University of Amsterdam), Dr. Ramón J.L. Lindauer (Academic Medical Center, Department of Child and Adolescent Psychiatry; de Bascule, Academic Center for Child and Adolescent Psychiatry), Ms. Hilde M Geurts (University of Amsterdam), Prof. Geertjan Overbeek (University of Amsterdam)

Executive functions are of growing interest in the field of psychotrauma. As both traumatization and deficits in executive functioning can have negative effects on children’s development, it is important to identify their association. Besides the development of post-traumatic stress disorder, experiencing trauma may be related to lower levels of executive functioning in children and adolescents, across domains of cognitive flexibility, inhibition and working memory. However, the strength of these associations may be dependent on timing and type of trauma, publication status, study design, and type of measurement instruments. Specifically, we expected that early traumatization has more negative consequences on executive functions than traumatization in adolescence. Furthermore, we expected that exposure to chronic trauma has a stronger negative association with executive functions than exposure to a single traumatic event. To study the main association between traumatization and executive function and to study the moderator hypotheses described above, we conducted a meta-analysis on studies published between 1990 and 2016 that we retrieved from MEDLINE, EMBASE, and PsychINFO. Participants in selected studies were aged 4 to 25. In a multilevel analysis, we estimated the main effect size for the relationship between traumatization and executive functions. Next, we examined significant differences in variances of effect sizes between studies. Preliminary results indicated that there was an association between trauma and executive functioning among children and adolescents. In addition, preliminary results showed there was significant variance in effect sizes between studies – suggesting the importance of testing moderator effects of type of trauma and timing of trauma. Forthcoming analyses, still underway, will show whether which of the putative moderators explains the variance in effect sizes between studies, and will establish the exact strength of the association between trauma and executive functioning in children and adolescents.

Keywords: psychotrauma, meta-analysis, executive functions, posttraumatic stress disorder
Child welfare organizations: Does structure impact who gets ongoing services?

Ms. Carrie Smith (King’s), Dr. Barbara Fallon (University of Toronto), Dr. John Fluke (University of Colorado School of Medicine), Dr. Faye Mishna (University of Toronto), Dr. Barbara Decker Pierce (King’s College London)

Objective:
This study examined the impact of the structure of child welfare organizations on the decision to provide ongoing services. The Decision Making Ecology Framework (Baumann, Dalgleish, Fluke & Kern, 2011) was used as the foundation for the development of a multi-level logistic regression model to test the influence of organizational and case level factors. Structural factors included worker specialization and service integration.

Method:
Secondary data analysis of the Ontario Incidence Study of Reported Child Abuse and Neglect – 2013 (Fallon et al., 2015) was conducted to examine the relative influence of case and organizational level variables on the decision to provide ongoing services. A subsample of 4,949 investigations from 16 agencies was included in this study.

Results:
Specialization and service integration did not predict ongoing service provision in the final models, although variance was found at the organizational level that remains unexplained. Case factors, including: child age, children and caregivers with functioning concerns, type of maltreatment, cases involving emotional or physical harm, previous involvement in child welfare, families that have experienced household moves and financial issues all lead to an increased likelihood of receiving ongoing services.

Conclusion:
Based on an examination of the variance at the organizational level, it is clear that organizational factors impact decision making, but the nature of this impact remains unexplained. Perhaps other organizational factors not included in this study would explain this variance. Future research should include examining the impact of organizational factors on the long-term outcomes of children involved in the child welfare system. As changes to organizations are occurring, well designed longitudinal studies are needed that can test the impact of such changes.
Distinctly vulnerable: Infants investigated by the child welfare system and the decision to refer to services

Ms. Joanne Filippelli (University of Toronto, Factor Inwentash Faculty of Social Work), Dr. Esme Fuller-Thomson (University of Toronto, Factor Inwentash Faculty of Social Work), Dr. Barbara Fallon (University of Toronto, Factor Inwentash Faculty of Social Work), Dr. Nico Trocme (McGill University, School of Social Work)

Objectives: The main objectives of this presentation are to: (1) examine the profile of investigations involving infants; (2) discuss the factors associated with the service referral decision; and, (3) explore the patterns and types of services families are referred to amongst differing age groups of children who have been investigated by the child welfare system in Ontario.

Method: A secondary analysis of the fifth cycle of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) for 2013 was conducted. The OIS is a cross-sectional child welfare study that is conducted every five years. Chi-square and logistic regression analyses were conducted to understand which factors were significant in the decision to refer to services (e.g. child, household, case, and service outcomes). Descriptive and chi-square analyses were conducted between infants, preschool, early school, preadolescent and adolescent children in order to examine the clinical profile of children by age groups.

Results: There was an estimated 7,915 maltreatment-related investigations involving infants in 2013. The profile of infants does in fact differ from that of older children in various characteristics and types of services referred to. Primary caregiver factors drove the service referral decision for infants (i.e., victim of interpersonal violence and younger caregiver age). When compared to older children, investigations involving infants were most likely to result in a referral for a service; least likely to have an infant functioning concern identified; most likely to have a primary caregiver functioning concern identified; and, have greater challenges noted in household safety, socio-economic disadvantage, and housing stability.

Conclusion: The findings suggest that infants are a distinctly vulnerable group of children reported to and investigated by the Ontario child welfare system. Important policy and practice implications that emerged from the findings will be discussed, including the need to reconsider traditional child welfare approaches with infants.
Is child sexual abuse declining in Canada? Results from nationally representative retrospective surveys

Ms. Margot Shields (Public Health Agency of Canada), Dr. Lil Tonmyr (Public Health Agency of Canada), Dr. Wendy Hovdestad (Public Health Agency of Canada)

Introduction: Numerous data sources suggest a decline in child sexual abuse (CSA) in the United States since the early 1990s. Some evidence also indicates that CSA increased for a period following World War II. This study examines prevalence estimates of sexual abuse reported retrospectively as having occurred in childhood (ChSA) from two nationally representative surveys of the Canadian population.

Methods: Data are from 13,931 respondents aged 18 to 76 years from the 2004-2005 Canadian Gender, Alcohol, and Culture: An International Study (GENACIS), and from 22,169 residents aged 18 years or older who participated in the 2012 Canadian Community Health Survey-Mental Health. Inter- and intra-survey comparisons of the sex- and age-group-specific prevalence of ChSA are presented.

Results: Findings from both surveys suggest a decline in CSA since 1993, consistent with declines observed in the United States. Results also suggest that 1946-1992 was a period of higher risk of CSA, relative to the period prior to 1946. Although the evidence was more robust for women, the lower prevalence estimates for younger men in the CCHS suggests the possibility of a decline in that group since the early 1990s.

Conclusions: A decline in CSA in Canada since the early 1990s is encouraging, given the long-term debilitating effects with which it is associated. Retrospective, population-based, methodologically consistent surveys can provide an effective means of monitoring the impact of interventions aimed at further reducing CSA.
Empowering parents to reduce the use of child physical punishment

Monday, 29th August - Poster Presentation - Poster

Mrs. Tanis Shanks (University of Regina)

This qualitative study is designed to explore the lived experience of parents who have participated in Positive Discipline in Everyday Parenting (PDEP), a parenting program based on the rights of the child, to determine what it is in the program that reduces their approval of child physical punishment. This poster presents findings from a qualitative interview study of 9 parents who, all but one, are newcomers to Canada. Each parent interviewed has taken the Positive Discipline in Everyday Parenting program. This program aims to prevent punitive violence against children by increasing parental knowledge and skills, and reducing parental support for physical and emotional punishment.

In a Canadian study on PDEP it was found that 95% of parents indicated a reduction in the approval of child physical punishment, and more than 80% believed that they would use physical punishment less often (Durrant, et al., 2014). However, the Canadian PDEP study did not determine the reasons for the positive change of reducing their approval of CPP - just that positive changes happened. This lacuna is one of the primary objectives of my study. We now know Positive Discipline in Everyday Parenting reduces parental approval of using corporal punishment on their children (Durrant et al., 2014), but why? Therefore the current phenomenological study will explore why this change occurred and how the program makes a difference in the lives/attitudes of parents when deciding to use corporal punishment on their children.
Child abuse African context - Action for implementation of UNCRC

Monday, 29th August - Poster Presentation - Poster

Mr. Opeyemi Olajide Olowookere (Global Support for Kids Initiative)

Child abuse has become a global quandary that needs to be tackled if children are to be given the right to total freedom. The issue of child abuse has been given serious attention in many parts of the world and Africa is not left out. Given this serious effort, one would have thought that this menace will not persist. However, a look at African society shows that child abuse occurs virtually in every environment in which our children find themselves.

This workshop discusses the prevalence of child abuse in Africa and the need to ratify the United Nations Convention on the Rights of the Child worldwide. The UN Convention is the first time that an international effort has codified children’s rights. Many people don’t realize that the United States is one of two nations that has not ratified the agreement. The workshop will discuss the implications of this important work to the emerging professional of child and youth work. I am recommending that a public enlightenment program and education be implemented to help people better understand the rights of children and the impact of abuse, in Africa and other nations. What will it take for every nation to ratify the United Nation Convention on the Rights of the Child and work towards its full implementation?
Practitioners’ perspectives on the evidence-based Triple P – Positive parenting program implemented in a child maltreatment prevention goal

Monday, 29th August - Poster Presentation - Poster

Ms. Marie-Kim Côté (Université Laval), Prof. Marie-Hélène Gagné (Université Laval)

Triple P, a program aimed at encouraging parents of 0-12 aged children to develop positive parental practices, is currently experimented in two Quebec communities. Triple P is considered an evidence-based program (EBP) since numerous studies have brought empirical evidence of its efficacy on attaining its goals (preventing child maltreatment, improving parent-children relationship as well as reducing emotional and behavioural problems in children). EBP research has focused much on program efficacy and less on effective implementation process, although implementation quality is as important as program quality to reach the expected outcomes of program interventions. Several implementation factors are directly related to practitioners, such as their self-efficacy level and their attitudes toward the program. In fall 2014, 96 practitioners from Quebec, Canada have been trained to offer Triple P. One year later, six focus groups were conducted with 38 of them (n per group = 4 to 9 participants) using a semi-structured interview guide. The main objective was to draw a clear picture of the practitioners’ experience by identifying perceived barriers and facilitators. It was achieved in the first phase of a qualitative thematic analysis, using verbatim contents, interview summary-sheets and the interviewer’s journal. Results enlighten barriers and facilitators related to four themes: (1) reached parents, (2) perceived outcomes on the workplace, families, communities and practitioners, (3) implementation and integration of the program in the work practice and (4) availability, use and relevance of the support. Results illustrate that practitioners had an overall positive experience with Triple P and its implementation. Furthermore, it appears that those who had the most negative experience were also the ones who made little use of the program or did not use it at all. Such conclusions allow implementation teams to better meet practitioners’ needs, hence maximising implementation quality and consequently program outcomes.
Social work students’ attitudes, perceptions and potential work decisions regarding perpetrators of child abuse

Monday, 29th August - Poster Presentation - Poster

Mrs. Therese Odle-James (The University of the West Indies, Cave Hill Campus, Barbados, West Indies), Dr. Letnie Rock (The University of the West Indies, Cave Hill Campus, Barbados, West Indies)

Title: Social work students’ attitudes, perceptions and potential work decisions regarding perpetrators of child abuse

Objectives
1. To explore final year social work students’ attitudes, perceptions and potential work decisions regarding persons who perpetrate child abuse
2. To gain insight into the training needs of social work students in the area of child abuse and neglect
3. To expose social work students to the need to work not only with the victims but also the perpetrators of child abuse.
4. To enhance the body of local research in the area of child abuse and neglect

Methodology

The research used a survey research design to find out about social work students’ attitudes, perceptions and potential work decisions regarding persons who perpetrate child abuse. A small convenient sample of 34 students in the graduating class of a baccalaureate social work program in the Caribbean was asked to complete a questionnaire which comprised ten vignettes. Questions on each vignette were placed on a Likert Scale which consisted of nine questions ranging on a scale from 1 to 4 with 1 being ‘strongly agree’ and 4 being ‘strongly disagree’.

Results

The results show that the final year social work students generally hold negative attitudes to the perpetrators of child abuse and perceive them to be mentally ill. For example, in the vignettes where domestic violence, physical and sexual abuse were perpetrated by men more than half of respondents to each scenario indicated that the perpetrators are “mentally ill”.

Conclusion

The research findings imply that social work students need to understand the multidimensional nature of child abuse and be sensitized to the issue of rehabilitation not only of victims but also the perpetrators. Social work training programs in the Caribbean need to ensure that this topic is included in the curriculum.
The comparative benefits of three types of respite programs to prevent child maltreatment

Monday, 29th August - Poster Presentation - Poster

Ms. Danielle Ladouceur (The Children’s Cottage Society), Ms. Lisa Garrisen (The Children’s Cottage Society), Ms. Janet Hettler (The Children’s Cottage Society), Ms. Stacey Jodouin (The Children’s Cottage Society)

Research shows that lack of social support for families struggling to cope with crisis and high levels of stress is a significant factor in child maltreatment. As well, over time a cumulative burden of family problems and lack of parental capacities and resources may result in parents being unable to provide the consistent, responsive caregiving that is essential for children’s health and development. It is critical to attend to the needs and capabilities of highly stressed parents and to help buffer children exposed to potentially toxic stress.

Respite support can play a significant role in the prevention of child maltreatment and poor developmental outcomes. The Children’s Cottage offers three different types of respite care programs to vulnerable families: crisis respite (the Crisis Nursery), planned home-based respite (the In-Home Infant Respite Program), and planned community-based respite (the Child Care Respite Program).

This poster presents the comparative benefits of these three respite program modalities. The outcomes were evaluated using pre-test and post-test measures, and the instruments used quantitatively and qualitatively measured parental responses reflecting changes in sense of hope (Herth Hope Index), shift in parental affect (PANAS), level of stress (Parental Stress Rating), child protection from harm and parental coping activities.

Outcome results indicated that all three respite programs had a positive impact on factors that mitigate child maltreatment and support healthy child development, though they differed in population served, purpose and respite modality. Parents receiving respite program support experienced a significant reduction in stress, a positive shift in sense of hope and affect, safety for their child and positive coping strategies.

In conclusion, the outcomes illustrate that vulnerable parents in situations of high stress and crisis have the capacity, upon receiving respite support, to reduce risk factors associated with child maltreatment and poor developmental outcomes and to build protective factors.
Child-friendly practices: Is it possible? And how?

Mr. Andrey Makhanko (INGO Ponimanie/ VSI Supratingumas), Dr. Neringa Grigutyte (Vilnius University), Ms. Ieva Daniunaitė (Children’s Support Center), Dr. Suzanna Tiapula (IVAT of Alliant International University), Prof. Vladimir Yanchuk (Academy of Postgraduate Studies)

Introduction.

Since XIX Century scientists and practitioners were looking for better protection of children from violence. In 1960th with Dr. H. Kempe new era of battle with child abuse and neglect was started, and the system based on multidisciplinary cooperation in the best interest of the child was in effect in 1985 in frames of CAC Model.

Description of the Best Practice.

Before preparing an innovation, we outline existing evidence-based, successful, and innovative models for providing support for child-survivors of abuse in some indicative countries such as the USA, Iceland, Lithuania, and Belarus. As a content designed for professionals with an understanding of the basic dynamics of child abuse, this presentation offers a brief introduction on the topic of child abuse, description of evidence based models for prevention and intervention of child abuse in support children who have been exposed to violence and their families. Lessons learned from the implementation of evidence-based models, and future of innovation in the area of protection children from abuse are explored with an emphasis on European regional implementation efforts. An international team of widely known authors offer an audience analyses of existing models and suggestions for building systems responses based on a solid foundation of effective and trauma-informed outreach to child victims. The presentation is an advanced knowledge developed for interdisciplinary professionals in the fields of Criminal Justice, Human and Social Services and Medical/Public Health Treatment, Advocacy and Survivor communities, the international and local donor community, and local, national and regional policy makers.

Conclusion

Since 1985 the system of multidisciplinary response to child maltreatment is under development into new models keeping the same solid evidence-based foundation - CAC/Barnahus Model turned into new, more advanced form such as the United Child Protection Model, bright future belongs to, until global mission to end child abuse completed.
A study to assess the effectiveness of planned teaching programme on knowledge regarding child sexual abuse among school teachers in selected educational institution’s at Moradabad, India

Monday, 29th August - Poster Presentation - Poster

Ms. monica bhattachan (J.F. Institute of Health Sciences)

A quantitative pre-experimental with one group pre and post test was used for the study. The objectives of the study was to assess the pre and post test knowledge about child sexual abuse among school teacher, to find out the effectiveness of planned teaching programme on child sexual abuse and to find out the association between knowledge regarding child sexual abuse among school teachers and their selected demographic variables.

The study was conducted in selected schools of Moradabad India in which 60 school teacher were selected from non probability purposive sampling technique. Administration of planned teaching programme regarding child sexual abuse was given as intervention. For data collection socio-demographic data and structured knowledge questionnaire were given to school teacher and on the same day planned teaching programme was conducted. On 7th day post test was conducted with same proforma as given before. The obtain data were scored by 4 categories which includes excellent, very good, good and poor knowledge.

The study finding revealed that 46.6% school teacher had poor knowledge about child sexual abuse but after the intervention of planned teaching programme the knowledge level of school teacher increased in which 48.3% school teacher had excellent knowledge level. Analysis revealed that post test mean knowledge score was 23 higher than pre test mean 12. Result showed significant change in knowledge gain as the calculated ‘t’ value was 23.3 at 95% confidence level. Educational qualification of school teacher was significant associated with knowledge level of school teacher.

In conclusion planned teaching programme aided in improvement of knowledge of the school teacher.
Proportion of diagnostic findings in 3569 cases of suspected child sexual abuse

Monday, 29th August - Poster Presentation - Poster

Ms. Tanya Smith (The Hospital for Sick Children), Dr. Sudha Raman (Duke University), Dr. Sheri Madigan (The University of Calgary / The Hospital for Sick Children), Dr. Michelle Shouldice (University of Toronto/Department of Paediatrics, The Hospital for Sick Children)

Background and Objectives:
Accurate interpretation of ano-genital examination findings in the context of suspected child sexual abuse is essential as misinterpretation may have significant child protection and criminal justice implications. A systematic approach to interpretation of ano-genital examination findings, based upon regularly updated evidence and expert consensus, is now widely utilized to support accurate diagnosis (Adams, 2007). We hypothesized that applying this approach, the rate of diagnostic findings is lower than previously published in a large sample of children and adolescents. The objective of this study was to determine the proportion of ano-genital examination findings that is diagnostic for trauma and/or sexual contact among children and adolescents evaluated for suspected sexual abuse.

Methods
Medical charts of children and adolescents aged 0-18 years evaluated for sexual abuse/assault between 1995 and 2008 were reviewed. Case details and ano-genital examination findings were extracted and interpreted using a current, published consensus approach. The proportion of diagnostic findings was estimated.

Results
3569 patients were included in this study. Ano-genital examination findings diagnostic of trauma and/or sexual contact were present in 173 (4.9%) of the study group. The rate of diagnostic findings was 13.9% in adolescents and 2.2% in children.

Conclusions
This study confirms the low overall percentage (4.9%) of diagnostic findings found among children referred for suspected sexual abuse with markedly different estimates among adolescents as compared to children. Despite changes and adaptations in diagnostic classification systems, as well as evolving medical knowledge and research in the area of child sexual abuse, the prevalence of diagnostic findings is consistent with previous studies.
Social pediatrics training: Reflections of pediatric residents embedded in a CAC with an integrated model of practice

Monday, 29th August - Poster Presentation - Poster

Dr. Jennifer MacPherson (University of Calgary/Sheldon Kennedy Child Advocacy Centre/Alberta Health Services)

Objective: This was the second part of the project that involved creating a mandatory four week Social Pediatrics rotation at a CAC, for University of Calgary pediatric residents. The goal was to evaluate the rotation from a resident perspective, including the expected impact of the curriculum on future practice.

Methods: During the rotation residents worked with the multidisciplinary Child Protection teams based at the Sheldon Kennedy Child Advocacy Centre and attended clinics for children from low income inner city families (medical and dental), street youth, children in care, aboriginal children and refugees. In addition they attended residential treatment programs for children, school based developmental assessments, transition workshops and a telephone call centre for Social Services. The residents kept a logbook and created written reflections for each component of the rotation. The reflections were then analysed to identify the major themes.

Results: Broadly, the residents indicated that they had developed a deeper understanding of the social determinants of health. Themes included better awareness of the roles that poverty, isolation, lack of transportation, language barriers and homelessness play in the ability of families to access adequate healthcare, and increased awareness of the relationship of these stressors to child abuse and neglect. More specifically, residents also gained a better understanding of the value of an integrated model of managing child maltreatment as well as an increased awareness of the resources available in the local community.

Conclusions: Having a defined curriculum that addresses the concept of Social Pediatrics increases resident awareness of the social determinants of health. The interaction with other disciplines (police, social services, public health, education) provided a new lens for the holistic view of the child. The residents view this as a valuable rotation experience that will aid in their ability to deliver pediatric care in the future.
Effective policies and programmes addressing violence, sexual exploitation and abuse of children related to information and communication technologies (ICTs) - UNICEF evidence review

Monday, 29th August - Poster Presentation - Poster

Ms. Clara Sommarin (UNICEF)

Objectives:

Information and communication technologies (ICTs) have become an integral part of society, bringing benefits to children worldwide. At the same time they can expose children to various forms of abuse, violence and exploitation; violent images and other inappropriate content; more invasive forms of bullying; sexual solicitation (‘online grooming’); and abuse and exploitation in the form of child sexual abuse materials and even live stream abuse.

To respond to the increasing demand from governments and partners to develop national strategies to protect children from ICT-related violence, exploitation and abuse, and promote children’s digital citizenship, UNICEF has identified the need to document effective policies and programmes. This paper will outline policies and programmes proven to be effective in addressing ICT related violence, exploitation and abuse of children in high-, middle- and low-income countries/regions.

Methods:

UNICEF has commissioned a desk based review of policies and programmes proven to be effective in addressing ICT-related violence, exploitation and abuse of children. The desk review will be based on published research and guidance on effective policies and programmes, research of relevant electronic databases, and key journals and grey literature. The evidence review will be independently reviewed by academic and practice experts.

Results:

The evidence review is currently being undertaken and will be ready by June 2016. It will review the state of the art of policies and programmes proven effective to address ICT-related violence, exploitation and abuse of children in high-, middle- and low-income countries. It will inform the development of a guidance document which is commissioned simultaneously by UNICEF.

Conclusion:

The evidence review will be ready by June 2016. Although it is anticipated that there may be gaps in the evidence, it is anticipated that the research will identify areas of work where there may promising findings and practices.
Follow-up duration of children taken into care by a child protection service following the participation of the parents in the evidence-based parenting program “Incredible years”

Ms. Roxanne Sicotte (University of Sherbrooke), Mrs. Marie-Josée Letarte (University of Sherbrooke)

Objective: The purpose of this study is to determine if the follow-up duration in a child protection service varies according to the type of maltreatment and to whether or not the child has been placed in out-of-home care.

Method: The sample consists of 296 children involved in a child protection service between 2007 and 2013 whose parents participated in the evidence-based parenting program Incredible years (IY). Based upon the administrative data of the child protection service, hierarchical regression analyses were performed in order to establish if the type of maltreatment suffered by the child (physical abuse, sexual abuse, child neglect or psychological abuse) and the out-of-home care, as the case may be, affect the duration of the follow-up in a child protection service following the participation of the parents in the IY program.

Results: Hierarchical regression analyses indicate that, among children whose parents participated in the IY program, the duration of the follow-up in a child protection service is significantly longer for those who have been victims of neglect than for those who have suffered from psychological abuse, physical abuse and sexual abuse. Furthermore, a trend revealed that children who have been victims of psychological abuse have a longer follow-up than those who have suffered from physical abuse. In addition, children placed in out-of-home care have a significantly longer duration of follow up than those who live with their parents.

Conclusion: These results indicate that despite the participation in an evidence-based program by the parents, variations are still observed with respect to the duration of the follow-up among children involved in a child protection service. In light of the foregoing results, it could be hypothesized that the impact of parent training programs varies according to the characteristics of each parents.
What do we know about interventions to improve supervised contact between children in care and their parents: A systematic review

Dr. Tracey Bullen (Australian Catholic University Institute of Child Protection Studies), Dr. Stephanie Taplin (Australian)

Objectives
The research evidence on how best to manage and support supervised contact visits between parents and their children in care is limited, and there is currently no literature that has systematically critiqued supervised contact interventions. A systematic literature review was undertaken to identify supervised contact interventions for children in long term out-of-home care and their parents, and to assess the quality of the evidence these interventions provide. The findings were used to inform the development of a supervised intervention trial currently underway in two Australian jurisdictions – the kContact study.

Method
The literature search was limited to supervised contact interventions with parents and their children in care. Search terms were entered into 18 databases. Colleagues in the child protection field were consulted and unpublished research and evaluations were reviewed on this topic. Scores were assigned to each of the studies according to the presence or absence of each of seven criteria, with higher scores indicating greater methodological rigour.

Results
Thirteen studies were identified which met the criteria. The scores assigned were low, indicating a generally low level of methodological rigour. Only one RCT was identified. The interventions they were classified into three types, based on the type of intervention: (i) Individual family support, (ii) group programs, and (iii) one educational intervention. Some promising findings were identified: individual family support (particularly tailored, structured parental support) and group programs have the potential to improve parent-child relationships and the quality of contact visits.

Conclusions
The findings from this systematic review indicate that long-term ongoing support of families is needed to facilitate positive changes and improve outcomes for children. However, more rigorous, large-scale, long-term intervention studies are needed to improve the evidence base in this area.
Domestic violence and mental health: Study of Bali integrated service center for children and women empowerment

Monday, 29th August - Poster Presentation - Poster

Dr. Lely Setyawati Kurniawan (Forensic Psychiatry, Department of Psychiatry, University of Udayana, Denpasar - Bali.), Ms. Grace Noviana Chandra (Family Center, Denpasar - Bali.)

Although known as a paradise island, Bali has yet to be a paradise for Balinese women and children. Over the years, the number of domestic violence cases toward women and children remains high. Even more than ten years since the enactment of the Indonesia’s Law on the Elimination of Domestic Violence in 2004 has been established (Penghapusan Kekerasan Dalam Rumah Tangga, PKDRT). Domestic violence is a universal problem here, which can be experienced by all of people in Bali.

In 2015, there are 594 cases of domestic violence and child abuse toward women and children across Bali island, while every year more than two thousand divorces had been happened. Integrated Service Center for Children and Women Empowerment (P2TP2A) which is run under the auspices of the Women’s Empowerment and Child Protection Ministry and available in all of districts noted. As the prior research domestic violence is grouped to personality disorder, such as borderline personality disorder, in relationship with the previous child abuse. The aim of study is to analyze how far the relationship between their abusive behavior and mentally disorders. How severe the burden of their marriage influence to the romantic couple and make their behavior changed to be an abusive partner.

Victims of domestic violence sometimes cannot receive much support from their families and relatives to file lawsuits against their perpetrators. Regretfully, they were re-suèd by the perpetrator and have to endure extremely long trial processes. Detention and prison frequently is not a deterrent effect to abusive person. While the stigma about mental illness is still so strong and deep in the heart of our society, make them shy, angry and indignity if they must referred to the psychologist or psychiatrist.
Children and domestic water collection in Uganda: Exploring policy and intervention options that promote child protection

Monday, 29th August - Poster Presentation - Poster

Dr. Firminus Mugumya (Department of Social Work and Social Administration, School of Social Sciences, Makerere University), Dr. Richard Bagonza (Makerere University School of Environment)

This paper is based on a wider study conducted in a rural community in south-central Uganda using mixed methods. The study investigated household dynamics in collection, transportation and use of safe-drinking water. The study’s findings are complemented by additional interviews with children water collectors in a peri-urban context in Wakiso District that sought, among others, to capture voices and perspectives of children regarding their experiences in water collection and transportation. Our findings confirm that the burden of collecting water for domestic use is a domain of children and their mothers or other female members of the household. Further, the distances covered and the time spent in collecting water, the volumes and mode of transportation are all potentially hazardous to children’s physical and emotional health, which inadvertently have not been addressed by Uganda’s rural water policy and interventions. We argue for water supply service delivery interventions that are consciously designed to sustainably address existing risks and vulnerabilities associated with water collection and transportation by children. Increased coverage of improved water sources within a child’s walk-able distance, promotion of rain water harvesting in communities, sustainable operation and maintenance of water point sources as well as protection of open water sources are some of the supply related interventions that could address the burden of children in water transportation. It is not the intention of this paper to promote child involvement in work, but rather, to advocate for a service delivery environment that not only lessens the physical burden of water collection for children but also other environmental and social risks associated with their ‘socially and culturally defined responsibility’.

Key words: Rural safe water supply, water collection, child water collectors, Risk, Vulnerability
Impact of UN policy on young children in institutional care

Prof. Kevin Browne (University of Nottingham, Centre for Forensic and Family Psychology), Dr. Shihning Chou (University of Nottingham, Centre for Forensic and Family Psychology)

Introduction: In October 2009, the UN General Assembly produced ‘Guidelines for the Alternative Care of Children’ for 193 Member States to adopt a “deinstitutionalization objective and strategy” policy, particularly for children under the age of three years who were at risk of harm. The Guidelines state that alternative care for young children should be only provided in family settings. It is questionable whether this has produced any measurable changes in the number of young children living in residential care institutions (RCIs) of 11 or more children without a parent for more than 3 months.

Methods: To establish the number and characteristics of children in RCIs, less than 3 years, a Survey of Government Official Statistics was carried for 54 Countries across Europe and Central Asia. Data from 2013 were compared to findings related to young children in RCIs from a previous survey in 2003 of the same countries.

Results: Data from 51 countries showed there were 32,627,008 children less than 3 years with 31,520 of these children living in RCIs without a parent. The number had decreased by 28% for the region in the past ten years. However, when the decrease in live births is taken into account, the figures are less impressive. The proportion of young children in institutions for 2013/14 was 9.7 per 10,000 and for 2002/03 it was 14.4 per 10,000. Thus, the decrease of 4.7 per 10,000 shows there has been a slow decline over the past ten years of approximately 0.5/10,000 per year.

Discussion: A third of countries in the region have more than 1 per 1000 young children less than 3 years living in RCIs. Discrimination against single mothers, ethnic background and child disabilities, together with poor education and family planning, unwanted pregnancies, poverty and economic migration were all cited as causal risk factors.
Limitations in our mind: An analysis towards attitudes of Turkish people to Syrian immigrant children

Ms. GAMZE SEN (HACETTEPE UNIVERSITY), Ms. öZge şAhi̇n (HACETTEPE UNIVERSITY)

It is a known fact that child abuse and neglect have serious consequences on child development and this situation is widely investigated by clinical psychologists. Child abuse and neglect can show itself in several ways and becoming a refugee in another country is known to be a risk factor likewise the incidences happening in terms of child abuse and neglect. Since 2011, families in Syria owing to current political and social status of Syria, have been migrating to close neighbor country, Turkey, and from Turkey, they have been trying to infiltrate to European countries. Because of immigration, the children who were forced to leave their homes and school, their human rights of these children including accomodation, health and security, are being violated. If they are fortunate, these children could find a temporary place to stay and accomodate and the attitudes of resident people and the government towards these children are especially important. The purpose of this study is to investigate and clarify the main factors affecting the attitudes of resident people of host country towards immigrant children and analyze its effects on their human rights. This study will include analysis of people aging from 18 to 65 and living in different regions of Turkey. The results will be analyzed in respect to children abuse and neglect.
Functional outcomes of adolescent mothers emancipating from the foster care system

Monday, 29th August - Poster Presentation - Poster

Dr. Svetlana Shpiegel (Montclair State University), Ms. Rachel Ludeke (Rutgers University), Dr. Nicole Lytle (Montclair State University)

Background and Objectives. Older adolescents in foster care exhibit higher rates of pregnancy and childbirth compared to peers in the general population. Little research examines the combined experience of parenthood and “aging-out” of foster care. The goal of the present study is to examine educational, vocational and economic self-sufficiency outcomes of adolescent mothers transitioning from foster care to independence.

Method. We conducted a secondary analysis of data from the Chafee Independent Living Evaluation Project. Our sample consisted of 238 females residing in a large metropolitan area in California. At three assessment points (i.e. ages 17, 18 and 19), participants were asked if they had given birth during a designated reporting period. At age 19, youths' educational, vocational and economic self-sufficiency outcomes were recorded. Bivariate and multivariate analyses were used to examine the relationship between childbirth and youths' functional outcomes during the period of transition to adulthood.

Results. By age 19, 29% of girls had at least one child. Hispanics, and those residing in congregate care at age 17, were more likely to report childbirth. At age 19, adolescent mothers fared worse than non-mothers on nearly every indicator studied. They were less likely to obtain a high school diploma/GED (44.9% vs. 72.2%; 2 = 14.69, p < .001), to enroll in college (8.7% vs. 51.5%; 2 = 35.89, p < .001) and to have work experience (69.6% vs. 88.2%; 2 = 10.61, p < .01). Furthermore, they were more likely to report homelessness (20.3% vs. 9.5%; 2 = 4.27, p < .05) and financial difficulties (81.8% vs. 63.9%; 2 = 5.89, p < .05). Multivariate analyses revealed that childbirth status contributed significantly to each functional indicator controlling for race/ethnicity, placement instability and independent living services receipt.

Conclusions and Implications. Findings indicate that adolescent mothers who emancipate from foster care are a particularly vulnerable population, requiring unique supports during the period of transition to adulthood. Interventions targeting these youth are sorely needed.
Does this commercial bring harm to children and families?
Group discussion

Monday, 29th August - Poster Presentation - Poster

Mr. Andrey Makhanko (INGO Ponimanie/ VSI Supratingumas)

DEMONSTRATION OF 10-SECONDS LONG HARMFUL COMMERCIAL

In December 7 Wargaming, Inc., well-known producer of Internet games, such as World of Tanks, etc. disseminated via Internet channels their harmful and provocative ads. This ads was broadcasted on official channel of Wargaming until late night of December 9, it was reposted for thousands of times, and discussed among gamers and public. Pool launched on VK was including votes of 26112 people, as to statistics says up to 10% of them might be underage. Discussion on this ads raised at least three main issues:

1. Business, positioning itself as socially responsible and family oriented, harms thousands of people U18, via demonstration of negligent attitude to kids because of game dependent behavior of father (well-known comic actor).

2. Business, in fact leading of public opinion, abused and neglected its customers, presented them as bad parents, abusing and neglecting children because of their game dependence.

3. Big business feels its untouchable and unpunishable status because of corruption and insufficient Law in Belarus.

I would like to hear the opinion of professional audience on this matter. Thank you! HOLDING 15-MINUTES LONG DISCUSSION WITHIN PROFESSIONAL AUDIENCE ON THE ROLE AND REGULATIONS FOR BUSINESS IN TERMS OF CHILD ABUSE AND NEGLECT PREVENTION.
Poverty is an Acute Cause of Child Trafficking

Mr. Leonard Romanus (African Association for Prevention of Elder and Child Abuse (AAPECA INT'L))

A family of seven including the man, his wife and five children are living in a room apartment in one of the slums in sub sahara Africa. The man is a farmer while the wife is a roadside fruit seller, because of their level of poverty none of the five children is attending school rather hawking fruits in the street and motorway. One day a social worker, a volunteer of AAPECA INT'L an NGO working in the rural areas of Africa in his investigation to check effect of poverty and its visible violence against children, decided to visit the farmer pretending to be a child trafficker and offered him a reasonable sum of money and ask him to give (the social worker) three of his children to send them to city where they will learn trade and go to school, without hesitation the farmer & his wife agreed. Investigation of this manner have shown that 80 out of 100 families living under poverty are willing or do willingly give in their children into the unsafe hands of strangers/traffickers and expose their children to visible violence. In view of this it is clear that poverty and its cause has negatively affected children and has been the major factor contributing to high level child trafficking in underdeveloped countries especially in Africa.
How the intersection of applied anthropology with time-space intelligent child protection social work can help protect the world’s children

Dr. Colette Street (Fielding Graduate University), Ms. Yvette Willock (Fielding Graduate University)

Our world is experiencing a flux of boundaries and borders, carrying with them a mass of humanity that is seeking refuge, and fighting for the right to live their lives in peace. Caught in this tide of change are the children; some torn away from their families, and some setting off on their own—but both vulnerable to danger and exploitation. While professionals in many countries mobilize to preserve the innocence and health of these most vulnerable people, they must do so seeking not only child safety, but practitioner safety as well. This must be accomplished via accurate assessments. To achieve such a high level of assessment accuracy, we propose that the practices of applied anthropology and time-space intelligent child protection social work must permanently intersect. This is because each discipline possesses tenets that, when converged, could create a powerful lens to help protect our children from abuse and/or neglect. This discussion will provide a clear explication of how this might be possible.
Experiences of adolescent victims of family violence and institucionalized in Brazil

Dr. Diene Carlos (University of São Paulo), Ms. Ana Beatrix Campeiz (University of São Paulo), Ms. Luiza Araújo (University of São Paulo), Prof. Maria Das Graças Carvalho Ferriani (University of São Paulo)

Objective: analyze the experiences of adolescent victims of domestic violence who were cared for in an institution in a municipality of São Paulo, Brazil. Methods: qualitative research, anchored by the Robert Castell concepts of vulnerability / disaffiliation, with data collection occurring through focus groups with 17 adolescents; the data analysis was based on content analysis, using a thematic modality. Results: The family would be a major component of relational insertion that determine “social existence” of children and adolescents; while primary group, it is presented as a space to establishment fundamental bonds for its membership in other larger groups. When relations in this context, it should be healthy, paradoxically become violent, it generates a breaking of bonds, and it can keep children and adolescents in the sphere of disaffiliation: “We just have to oneself” (Focus group 1). This violent experience exposes children and adolescents to other vulnerabilities. The child or adolescent may be removed from family life and institutionalized as the ultimate measure of protection; this situation still holds this actor in a passage place, where the bonds become temporary and relationships, unstable. The street is also configured as a space of transition and coexistence, especially for these actors; in this context, drugs use emerged, and it is considered not only the scope of addiction, but by other functions as an escape of conflicts; anesthesia to difficult situations; decreased frustration, hunger and fear. Conclusions: Through the vulnerability / disaffiliation concepts, it is possible to look the children and adolescents victims of domestic violence ways, in the Brazilian context, and to implement integral care to these families. Studies in other contexts and in the violence prevention area are needed.
Who is placing the child at risk? Exploring the assessment capabilities of child protection social workers in health related contexts

Monday, 29th August - Poster Presentation - Poster

Dr. Elizabeth Kitson (University of Guelph-Humber (Family & Community Social Services)),
Ms. Linda Acheampong (University of Alberta)

While Child Welfare assessments of children’s physical health status require Child Protection Workers (CPW) to gather information about families from collaterals, such as physicians, this data may not carry the same level of granularity and insight often acquired through lengthier interactions or home visits.

Within many Child Protection Agencies (CPAs), social workers function as primary file stewards and represent the “eyes and ears” of organizations, such that information gleaned from the field to complete case histories is relied upon as key source of evidence for clinical decision-making. However, with limited medical training, should one feel confident in CPW’s capacity to effectively identify failure-to-thrive in an infant who presents as just “small-framed”? Or the possibility that white staining in an infant’s mouth could be a symptom of oral thrush and not “merely milk residue”? Or determine that a caregiver’s consistent forgetfulness about picking up a child from school is a manifestation of Alzheimer’s disease and not a symptom of “lazy parenting”?

The reliance on CPWs to make life-altering decisions in the complex lives of families may result in acts of omission by the welfare system with implications for adverse outcomes. Furthermore, gaps in the collection of health related data, particularly during the initial screening process can impede the formulation of comprehensive clinical assessments of children’s physical health status. We argue that for CPAs to effectively carry out their mandate, screening of children’s health must be approached from an Interdisciplinary Practice (IP) perspective, beginning from the front-end to the back-end of the service delivery trajectory. This approach to service delivery is an opportunity to reap the maximum benefits of IP for clients receiving child welfare services.
Sexual exploitation of youth – Findings from three epidemiological studies in 2004, 2009 and 2014

Monday, 29th August - Poster Presentation - Poster

Dr. Gisela Priebe (Lund university), Prof. Carl Göran Svedin (University of Linkoping, Sweden, PROMISE project expert consultant)

Objective: During the last decade, a number of epidemiological studies about youth selling sex have been carried out. Prevalence rates vary depending on participants' age, gender, sexual identity and risk behavior as well as research methods. Less is known about the prevalence of trafficking for sexual purposes in population-based samples of youth. Three studies were conducted in 2004, 2009 and 2014 in Sweden, using the same research methods. This allows for unique comparisons over time. At the same time, new issues of interest could be included.

Method: Youth in their last year of high school participated in school-based, cross-sectional surveys about sexual exploitation (selling sex), sexuality, sexual abuse and psychological well-being in 2004 (n= 4,339), 2009 (n= 3,498) and 2014 (n= 5,839). Core questions were basically the same in all three studies. In 2014, questions about trafficking and about the reasons for selling sex were included for the first time.

Results: Prevalence rates for experience of selling sex were 1.4 percent in 2004, 1.5 percent in 2009 and 0.9 percent in 2014; differences were not significant. There were substantial differences between the three studies when it comes to the use of Internet as a way of contact between those who sell or buy sex. Between 2004 and 2009 the use of Internet when getting contact increased, while the ways in which the Internet was used for making contact differed between 2009 and 2014. Male and female youth reported different reasons for selling sex. In 2014, 1.1 percent of the youth reported experience of trafficking for sexual purposes.

Conclusions: It is important to conduct repeated epidemiological studies of sexual exploitation of youth. Possible changes over time can be investigated and the results can be used to inform policies and interventions aimed to support youth exposed to sexual exploitation.
Attentional bias towards threat in maltreated adolescents:
The role of flexible attention control

Monday, 29th August - Poster Presentation - Poster

Ms. Helen Baker (Kings College), Dr. Paul Gray (University of Oxford), Dr. Jennifer Lau (Kings College)

Childhood maltreatment increases the risk of developing psychiatric disorders in adulthood. Understanding the mechanisms that increase risk for psychopathology could suggest additional targets for treatments. This study examined whether early maltreatment disrupted attentional processing in particular the flexibility with which attention is deployed in the presence of threatening stimuli.

A culturally-diverse sample of 24 maltreated and 24 non-maltreated adolescents matched on age, gender and IQ completed a modified visual-dot probe task developed to assess attentional biases and flexibility toward (or away from) emotional faces. In this task, reaction times in detecting probes (finding a target within a letter string) that replaced angry and fearful faces were compared to those replacing neutral faces. In general, faster reaction times to probes that replace emotional stimuli are suggestive of attention-vigilance towards threat. We also modified this paradigm to investigate attentional flexibility: the cognitive load of the task (the degree to which target detection uses working memory resources) was either high or low. We expected that if maltreated adolescents struggled to deploy attention flexibly, they would only show biases under low load conditions (as this requires fewer working memory resources and therefore greater attention control). Results showed no difference in accuracy between groups but maltreated adolescents in general responded significantly more slowly than their non-maltreated peers. Crucially maltreated (but not non-maltreated) adolescents showed greater attentional-vigilance towards angry relative to neutral faces but this bias was only present when the cognitive load of the task was low. Thus, under simple task conditions, maltreated adolescents struggled to flexibly use attention to disengage from angry faces. These findings did not characterize attention to fearful faces. As attention biases to both angry and fearful faces was linked to anxiety symptoms in this sample, attentional difficulties may act as latent vulnerability factors to later psychopathology.
Psychosocial support - Coping to thriving through play

Monday, 29th August - Poster Presentation - Poster

Ms. Laura Wright (Right To Play; Royal Roads University), Dr. Philip Cook (International Institute for Child Rights and Development (IICRD); Royal Roads University)

Play is found in all cultures and is increasingly seen as a cornerstone of children’s full and healthy development. It is often thought of as an integral part of our humanity as homo ludens the playful human (Huizinga, 1944; Sutton-Smith 1996). The oral presentation will focus on the intrinsic and instrumental value of play in psychosocial support and critical life skills development to support children and youth to develop coping mechanisms and resilience competencies (Burghardt, 2005; Bradshaw et al, 2007) for their own wellbeing, that further support them to thrive amidst a broad array of challenges they face throughout their lives (Fearn & Howard, 2012). Access to and quality of education in emergencies can provide both physical and psychosocial support, and is considered a top priority by children in studies across the globe (Nicolai & Hine, 2015). Psychosocial play programs aim to restore children’s social wellbeing and psychological health within their schools and communities through individual and group focused practices, tailored to fit the context of local culture, traditions, needs and resources (Henley, Schweizer, Gara, & Vetter, 2007; Boyden & Mann, 2005; Duncan and Arnston, 2004; Eisenbruch, 2004; Grothberg, 2001; Henley, 2007). Findings will be framed in the context of research conducted in Mali (Cook, Wright, Ogunyi, Sewanou, 2014) as well as global policy and programing efforts to link psychosocial interventions to education and play, including the IASC Psychosocial Guidelines and CRC General Comments 1 (aims of education), 13 (prevention of violence), and 17 (play). The panel will contribute to the innovative intervention theme through sharing best practices and new innovations in play and psychosocial support in education in emergencies, and conclude with recommendations for programming and policy to address conflict and trauma barriers to learning and thriving.
Nepali children in the aftermath: Traumas, tension and challenges

Monday, 29th August - Poster Presentation - Poster

Mr. Umesh Raj Regmi (Nepal Youth Foundation)

Being a developing land-locked country, Nepal has several issues of child’s protection, education and nutrition. Due to 7.8 magnitude earthquake in April 25, 2015, and 6.8 magnitude aftershock in May 12, the condition of Nepali children got rather worsened. Firstly, the presentation will deal with the health and wellbeing of the children in the aftermath. At this point, some heart-touchy evidences of disabled, malnourished and diseased children along with my own snaps will be discussed and displayed. Then, the post-quake traumas in the Nepali children will be highlighted. There are some techniques being applied for coping with the traumas. Similarly, Nepali children are at the risk of sexual exploitation and trafficking due to the scattered temporary shelters and open boarders with India. Here, some reports and present status of the children regarding such risks will be shared. The growing domestic labor, child’s slavery in certain group of Nepalese people and parents’ maltreatment to the daughters will specifically be talked. The psycho-social part of the children are neglected and they are unwilling to attend school, share their pains openly and adjust friendly with others. The law and order in favor of the child’s rights have not been implemented fully yet. The devastating earthquake created the problems in the issues of children’s privacy, shelter, school, food and nutrition, labor, playfulness and physical and mental health. Some religious and cultural beliefs are also making the Nepali girl children victimized. If time favors, this will shortly be pointed at. Last but not least, the present status of Nepali children and impacts of the fuel crisis and transitional politics on the future of Nepali children will get the due attention.
The study of chronological child-raising change among Japanese parents with three-year-old child and the support for the child maltreatment

Monday, 29th August - Poster Presentation - Poster

Dr. Toshihiko Yanagawa (Wakayama Medical University), Dr. Noriko Kato (Jumonji University), Prof. Masae Ueno (Osaka Prefectural University)

Purpose
The purpose of this study is to clarify the current child-raising condition and the relation between its situation and the awareness of corporal punishment. This study is preliminary research for the effectiveness measurement of the parenting program.

Methods
We focused the parents of three-year-old child who was set to medical checkup in public health centers, because some problem behaviors appear around this age. We asked the questionnaire to 1,466 parents in W-city from Nov 2015 to May 2016. The previous investigations were carried in A-city (1980) and H-city (2003). The questionnaire was performed in the same previous fashion. The questionnaire was consisted of 22 items about feeling of child raising, and 28 items of parental behaviors for child raising, awareness of corporal punishment and child care supports. The statistical significant was set as P<0.01.

Results
We report the results of 1,211 parents(collection rate=82.6%). The ratio of corporal punishment to the child was 66.8% in A-city (1980) and 67.7 in H-city (2003), but decreased to 44.9% in W-city (2015). As the ratio of other item showed in the chronological order as (A-city, H-city, W-city), the existence of helper of child care was(62%, 88.5%, 97.1%), but the ratio increased as in irritable feeling (16.5%, 42.8%, 25.3%)and anxiety (59.1%, 72%, 75.9%). The corporal punishment showed significant relations to the psychological items, such as irritation, discomfort, burden and anxiety, showed significant as in child care behavior, such as interference, comparison to other child, and prohibition. The parents without experience for child care before having their own child were chronologically higher as in dandling or playing with baby, as in feeding and changing diapers.

Conclusion
The parents need for the opportunity to learn the way of making good relationships with their child and good communication among parents.
An assessment of female genital mutilation on the rights of the girl child to education and reproductive health in Uganda

Monday, 29th August - Poster Presentation - Poster

Dr. Eric Awich Ochen (Makerere University, Department of Social Work and Social Administration), Dr. Paul Bukuluki (Makerere University, Department of Social Work and Social Administration), Ms. Esther Nanfuka Kalule (Makerere University, Department of Social Work and Social Administration), Dr. Laban Musinguzi (Makerere University, Department of Social Work and Social Administration), Mr. Chris Opesen (Mak)

The practice of Female Genital Mutilation (FGM) generally persists in the North Eastern belt of Uganda in spite of legal and other socio-economic mechanisms at national and local levels geared towards curbing it. FGM involves cutting whole or parts of a female genitalia, causing significant pain to the victim.

Objectives: To examine the cultural context and cross-border dynamics perpetuating FGM.

Methods: A mixed methods survey consisting of 480 interviews was conducted in June 2013 among the Sabiny and Pokot in eastern Ugandan districts of Amudat, Bukwo, Kween and Kapchorwa. We also carried out 60 key informant interviews with local leaders, former FGM surgeons, local government official and nongovernmental organizations working on child right issues or support to victims of FGM. The study obtained permission from Action Aid Uganda, Uganda child rights NGO Network and Uganda Society for Disabled children, and in accordance to their child protection policies, which guide researchers who engage with children, adhered to child protection codes of ethics and practices.

Results: While study participants acknowledge the cultural and livelihood significance of FGM, a local economy that thrives on FGM has resulted in the commoditization of girls and forced/early marriage and child bearing. As a result reproductive health rights and the right to education for the girl child have been infringed.

Conclusion: The negative impact of FGM on education and reproductive health of the affected girls not only far outweigh its benefits but also constitute maltreatment to the girl child in this region. Several policy and programming issues still need to be considered in prevention of FGM and in mitigating its harmful effects on the girl child and the community at large.
Engaging parents during out of home placement: An integrated understanding

Monday, 29th August - Poster Presentation - Poster

Mrs. Dorothée Charest Belzile (Laval University, School of Psychology), Prof. Sylvie Drapeau (Laval University, School of Psychology), Mr. Hans Ivers (Laval University, School of Psychology), Mrs. Rachel Lépine (Laval University)

Parents’ engagement in child protective services while their child is placed out of home has been associated with benefits as maltreatment rates diminution and well-being enhancement for both parents and children. Levels of engagement are generally low in this population. Engagement can be predicted by family characteristics (e.g., mental health, income), placement characteristics (e.g., judicialisation) and caseworker practices (e.g., openness). Rare are studies that included those three types of factors to explain parental engagement, which makes this concept difficult to globally understand.

The goal of the study is thus to develop an integrated understanding of parental engagement during out of home placement by looking at contributing factors identified in precedent studies.

74 parents from Quebec, Canada having at least one child placed out of home were questioned on their engagement in the services and on their caseworker practices using validated instruments. Family characteristics have been documented by direct questions and placement characteristics from users’ files.

Hierarchical multiple regression analysis was conducted using as blocs variables: 1) family characteristics, 2) placement characteristics and 3) caseworker practices. Overall, the model explains 50% of the variance of engagement. Results reveal that family characteristics explain 11.3% of the variance of engagement (F inc(3, 69) = 2.93, p < .05). Placement characteristics explain 22% of additional variance (F inc(2, 66) = 10.88, p < .001) and 16.5% of variance is added by including caseworker practices (F inc(1, 65) = 21.54, p < .001). Results illustrate that parents suffering from mental health problems are less engaged. Also, the more flexible the placement characteristics are and the more the caseworker uses an inclusive approach, the more engaged the parent is.

Considering these factors seems to be a key to develop an integrated understanding of parental engagement. To maximize its benefits on children and parents well-being, interventions should be tailored with those in mind. Parental engagement will be defined, its advantages will be presented and results will be discussed regarding their implication for practice.
Incidences of Child Labour among Secondary School Students in Abia, State Nigeria

Dr. Flora Nkire (Abia State University Uturu, Faculty of Education, Department of Educational Foundations (Nigeria))

Nigerians have always worked hard to protect their children's interests as well as their rights to good and functional lives. The people's practice of celebrating the birth of a child dates from the pre-literate era. The arrival of a new born child into the family was seen as a good omen, a sign of peace and wealth and the climax of blessings from the gods. The child was thus adored, cherished and handled with great care. However certain harmful practices have placed the country on the list of those being criticized for physical abuse, emotional abuse and neglect of the child. Studies reveal that many children are still engaged in street hawking, road side trading and begging in the urban centres. Children from the rural areas are still being compelled by parents and guidance to work in their local farms, palm oil and palm kernel processing activities which among others ills allows the children little or no time for adequate education. This paper therefore attempts a survey of the current incidences of child labour among the secondary school students with the aim of ascertaining the extent of child labour incidences in Abia state, Nigeria in particular considering the increased level pf sensitization activities and remediating measures currently being taken by the state ministry of Women Affairs and other related and concerned agencies.

Key Words: Child labour, Child's rights, rural child, urban child
Psycho - Social profile and outcome of adolescents with emotional and behavioural disorders

Ms. Chaithra Chandrakanth (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Kavita Jangam (National Institute of Mental Health and Neuroscience, Bangalore, India), Ms. Shabana Aboobaker (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Satish Girimaji (National Institute of Mental Health and Neuroscience, Bangalore, India)

Background: An adolescent required to be provided with the environment which is conducive for his/her global development. Literature has suggested that many of the unfavorable psycho-social factors surrounding the adolescents during this period make them vulnerable for Emotional and behavioural disorders.

Objective: To describe psycho-social adversities of adolescents who developed Emotional and behavioural disorders.

Method: This study used a descriptive case-series analysis that targeted 21 adolescents, diagnosed with Emotional and behavioural disorders, and referred for psycho-social interventions. These adolescents belonged to the age group of 11-16 years. They were under the care of Child and Adolescent Psychiatry in-patient ward and out-patient department from December 2014 to December 2015. Parent Interview Schedule (WHO, 1990) was used to code the psychosocial adversities, Children’s Global Assessment Scale (CGAS), Clinical Global Impressions (CGI) were used to assess the functionality of adolescents.

Results: It was found that many of the adolescents had significant psycho-social adversities in the areas of parenting, pathologies in family, societal stressors, abuse and neglect, stressful events/situations resulting from the child’s own disorder or disability.

The interventions were provided in different levels to these cases such as individual intervention which included supportive work, anger management, graded exposure, safety and relationship issues; family intervention which included parent management training, supportive work, enhancing interpersonal relationship among the family members; school intervention; placement to institutions. Despite intense case management, significant number of adolescents continued to have dysfunctions due to prevailing psychosocial adversities.

Conclusion: The results of the study give implications to conduct scientific study in the area of adolescents with emotional disorders. This empirical study emphasizes on development of appropriate tailor made psychosocial interventions for the adolescents as the psychosocial concerns vary from adolescent to adolescent.
Association of positive parenting practice with shaking and smothering among caregivers of infants in Japan

Monday, 29th August - Poster Presentation - Poster

Dr. Aya Isumi (National Research Institute for Child Health and Development), Dr. Takeo Fujiwara (National Research Institute for Child Health and Development)

Background: Shaking and smothering behaviors in response to infant crying are life-threatening child abuse and often result in death. Although previous studies have explored risk factors to prevent infant abuse, few studies have investigated how positive parenting practice is associated with shaking and smothering towards infants.

Objectives: To investigate the association of positive parenting practice with shaking and smothering among caregivers of 4-month infants in Japan.

Methods: A questionnaire was administered to parents who participated in a 4-month health checkup program in 45 municipalities of Aichi prefectures in 2012 (N=6,590). It asked frequency of shaking and smothering towards infants in the past month. Frequency of 1) reading books to a child, 2) playing with a child, 3) taking a child for a walk or to parks, and 4) visiting or having visit a friend or family member with a child around the same age were measured as positive parenting practice. Logistic regression analysis was used to examine the association of positive parenting practice and infant abuse.

Results: Self-reported prevalence of shaking, smothering, and either shaking or smothering at least once in the past month was 3.9%, 2.7%, and 5.4%. We found that parents who read to their child more often were less likely to either shake or smother their child after demographics were adjusted (OR=0.76, 95% CI: 0.59–0.98). However, these associations became insignificant when postpartum situations were adjusted (OR=0.85, 95% CI: 0.65–1.12). Other positive parenting practice had no significant association with shaking and smothering (playing: OR=0.80, 95% CI: 0.46–1.39; taking a walk: OR=1.23, 95% CI: 0.93–1.61; visiting: OR=1.04, 95% CI: 0.78–1.39).

Conclusions: Our findings suggest that shaking and smothering in response to crying can occur regardless of frequency of positive parenting practice. Population-based prevention of shaking and smothering, that is, targeting all caregivers, is needed.
Knowing what to do and doing it right!- Intervention in child sexual abuse cases in primary schools in Trinidad and Tobago

Dr. Debra D. Joseph (The University of the West Indies, Cave Hill Campus, Barbados, West Indies)

Objectives
This serves to share with others my experience as a social work trained Guidance Officer in Primary Schools in the country of Trinidad and Tobago. Primary school is an institution that children attend from the age of 5 years to 12 years, after which they take an entrance exam to attend High School. Guidance Officers have to be mindful of the fact that there was legislation that spoke to child sexual abuse via the Sexual Offences Act and the Children’s Act.

Method
Training was done to sensitise Social Workers and Guidance Officers on the content of these Acts and what to do when a case of child sexual abuse and neglect surfaces. Elements of the Sexual Offences Act were pulled together and a policy document was generated for all to follow. This was important as the Act demanded mandatory reporting of child sexual abuse.

Results
If there was a case of alleged child sexual abuse, the training we received assisted us in following the guidelines of the Sexual Offences Act for mandatory reporting. I had such a case and because of the training I received and the policy document given I was able to ‘do the right thing’ for that child. Others in authority in the school, for example, teachers and the principal were unsure as to what to do and how to proceed. The fact that the police will be involved created a bit of fear and uncertainty to the staff involved with the case.

Conclusions
Training in child sexual abuse matters gives one the confidence and competence to assuage the situation and address it with aplomb. It is important that professionals such as social workers and Guidance Officers are trained in this area to minimize the trauma that a child can experience in the situation.
Children in crisis with special reference to earthquake 2015 in Nepal

Monday, 29th August - Poster Presentation - Poster

Dr. Dr. Bijayaprakash Sainju (Concern for Children and Environment Nepal)

Background:
A long awaited earthquake which the Nepalese people were not expected to happen so soon occurred in Nepal on April 25, 2015 at 11:56am. Half of the geographical location of the country, mainly central region was shaken for about 2 minutes. Heavily affected 24 districts out of which 14 were declared as emergency zone.

International attention:
Soon after the earthquake the whole world paid the attention to lovely country Nepal. And because of tourist season a lot of international visitors were also trapped and so thousands of families got shocked and started to find their father, mothers, relatives, etc.

Statistical information:
The earthquake took lives of more than 9,000 and severely injured more than 20,000. About 200,000 people displaced. As per government figure about 0.5mi houses collapsed to the ground. Nepalese people still experiencing tremors at times.

Consequences:
Obviously children were first victim of the earthquake. Nepal is the country for having a large portion of child population. Nepal consists of heavy child population. Hundreds of children got trapped in the earthquake. More than 250 children only in Kathmandu died and hundreds outside Kathmandu Valley.

Affected to working children surviving in the Valley:
Children who were migrants and child workers faced more problems. Because their parents were living in villages and many more of them were child laborers. Children working in brick factory, stone quarry, teashops, street children, etc. were badly affected from the quake.

Challenges ahead:
Rehabilitation of displaced children and people,
Reconstruction of the schools,
Proper management in implementation,
Mobilization of development partners,

Way forward:
Government need to collaborate with different international development partners, UN agencies, since they are working in grassroots level in villages. Government recently formed reconstruction authority and so need to mobilize the authority team effectively. Priority should be given to child victims families.
Group care size and difficulties of children with developmental disorders in Japanese residential homes

Mr. Eiji Ozawa (Kagoshima University), Mr. Yutaro Hirata (Kagoshima University)

Unlike other developed countries, residential care in Japan is the most common form of out-of-home care for children. Half of Japanese residential homes are large with many children being raised in one facility. Reducing group sizes is an urgent task for Japanese society. Moreover, in recent years, the number of children showing signs of developmental disorders has increased. The purpose of this study is to clarify the relation between group care size and difficulties of both care workers and children with developmental disorders in Japanese residential care settings.

Questionnaires were administered to psychotherapists working at 170 residential care institutions for children in Japan. These questionnaires included items about institutional group care size and the numbers and difficulties of children with developmental disorders. Data were analyzed from 7970 children.

The prevalence of developmental disorders was as follows: 486 children (6.1%) had autism spectrum disorder (ASD), 573 (7.2%) had attention deficit/hyperactivity disorder (ADHD), and 64 (0.8%) had learning disorders (LD). A chi-square test revealed that the number of children with a definite diagnosis of ASD and LD was significantly greater in the large-scale institutions with more than 20 children. The ratio of children with ADHD was not significant by care scales, but the ratio of those with a definite or suspected diagnosis of ADHD was significantly greater in the large-scale institutions.

These results indicate high prevalence of developmental disorders, especially in the large-scale care institutions. Therefore, it is important to subdivide large institutions into smaller units and to develop a therapeutic model for these children that is tailored for Japanese residential care settings.
A substance-dependent adolescent mother and her baby

Dr. Melahat Melek Oguz (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Mehtap Acar (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Emine Polat (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Meltem Aṣacaboṣ (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Nilden Tuyğun (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Esma Altınel Aṣoglu (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Dr. Saṣiha Senel (Dr. Sami Ulus Maternity and Children’s Health and Diseases Training and Research Hospital), Prof. Figen Sahin Dağlı (Gazi University Faculty of Medicine)

Neonatal abstinence syndrome and substance use-related complications developing during the lactation period are encountered more frequently among adolescents in our country where adolescent pregnancies are frequent. A 3-month-old girl, who was admitted to our hospital due to restlessness. The 17-years-old mother’s affect was careless her baby In the past medical history, she locked herself in the bathroom due to frequent nausea and vomiting. The father of the baby was reported to use heroin. She was exposed to violence from her father, had abandoned her education and had become pregnant from an extra-marital relationship. Breast milk had immediately stopped and the baby was followed-up for 72 hours due to abstinence syndrome. The mother and the baby were now under follow-up by social services. In this paper, we aimed to draw the reader’s attention to child abuse, adolescent pregnancies and substance dependence, and to report how we managed their overlapping problems.
Parenting trends towards intimidation of children from doctor and injections

Monday, 29th August - Poster Presentation - Poster

Dr. Ebtihal Eltyeb (Omdurman Islamic University)

BACKGROUND:

Every child seems to have normal level of fears towards certain subjects that started in early childhood and act as an insurance policy to protect the child from harm. Parents play major role in reassuring their children and protecting them from fear and anxiety, on the other hand they may behave to cause child fear by over protection or sometimes by intimidating them to obey certain commands or to stop annoying act.

OBJECTIVES:

Were to assess the psychological impact of the parenting trends towards intimidation of their children from doctors and injections and to assess its relation to some demographic variables (parenting relationship, parental ages, parental level of education, sex of the child, and if the child has chronic illness) and to the refusal of the medications.

METHODS:

The study followed the descriptive analytical method and included the parents of 103 kindergarten children aged 3-6 years. Data collected using the scale of parenting trends in the period of September 2015 to January 2016.

RESULTS:

Intimidating the child from the doctor and the injections has a negative impact on the child psychologically. There are no significant differences in the degree of intimidation of the child from doctors and injections attributable to the parenting relationship (father, mother), the age of the parents, their educational level, the child sex, and the presence of chronic illness. 59% of the parents link between this trend and the child refusal of the medications.

CONCLUSIONS:

Intimidation of the children from doctor and injections has negative impact in the children psychologically and may contribute to their refusal of medications. No significant differences attributable to the demo graphical variables.
A study on the characteristics of families with child abuse issues using mixed methods research

Prof. Yoko Kato (Senzoku junior college), Prof. Ami Shinohara (Akikusagakuen junior college)

The purpose of this study is to use mixed methods research to analyse the characteristics of families with child abuse issues. In this study, the method was used to identify the characteristics of families and identify effective methods of support based on those findings. For the quantitative portion of this study, a secondary analysis was performed on an investigation of the state of abuse conducted by a child guidance center in 2003 and 2008. Similar patterns in the families were identified using cluster analysis, and logistic regression was used to identify the factors that led to more severe cases of abuse. In the qualitative research, based on the patterns found in the families, the possibilities of home care support were analyzed through conducting interview surveys on victims of abuse. A semi-structured interview was used for the analysis, and was conceptualized using SCAT, a qualitative data analysis method. Furthermore, text mining and correspondence analysis were performed in parallel to verify the reliability of the analysis results. As a result of the cluster analysis, the families were categorized into the two-parent type, the mother-child type, the father-child type, and the common-law type. In the logistic regression analysis, sexual abuse, the age of the child, the child’s recognition of abuse, poor living conditions, the child’s lack of emotions, and delinquent behavior were shown to be contributing factors affecting the child’s safety. The results of the SCAT analysis showed the need for support without stigma for the family, support for going to school and housekeeping, as well as the need for a place of belonging that can be visited at any time supportive of the family. In conclusion, by using mixed methods research, this study was able to identify characteristics of families with child abuse problems and the kind of support these families require.
Objective: Education is generally considered as means of raising awareness for child rights. Yet, the specific mechanism between child rights education and raising awareness is relatively unknown. Thus, this study was to explore the mechanism and the sequential role of self-esteem and view of the child (traditional view as an object of care and protection vs. modern view as a right-holder).

Method: A total of 2,587 individuals (adults) recruited from online self-report questionnaires sought to explore the followings: 1) whether they received child rights education 2) self-esteem 3) view of the child, and 4) awareness of child rights. SEM using Mplus was employed to test the model. FIML was used to handle missing responses.

Results: The model yielded an appropriate model fit to the data ($\chi^2 (224) = 2183.253, p < .001; CFI = .918; TLI = .907; RMSEA = .058$). Individuals who received the education were likely to show higher self-esteem ($= .204, p < .001$). Self-esteem indicated negative relation with the traditional view of the child ($= -.123, p < .001$) and a positive relation with the modern view of the child ($= .313, p < .001$). Traditional view was linked to a decrease in awareness of child rights ($= -.119, p < .001$), and modern view was related to an increase in the awareness of child rights ($= .360, p < .001$). Finally, awareness of child rights was not directly influenced by whether they received child rights education ($= .032, p = .094$), but the relationship occurred through increased self-esteem and lowered traditional view ($= .003, 95\% C. I. = .001 \sim .004$), or increased self-esteem and increased modern view ($= .023, 95\% C. I. = .014 \sim .029$).

Conclusion: This result provides practical evidence that raising self-esteem should occur concurrently with child rights education to maximize the impact of child rights awareness education.
Dimensionalizing adversity in childhood and their links with symptom measures: Data from a new sample of Japanese institutionalized children

Dr. Yuning Zhang (King’s College London), Dr. Charlotte Cecil (King’s College London), Dr. Ted Barker (King’s College London), Dr. Shigeyuki Mori (Konan University), Dr. Jennifer Lau (Kings College)

Background: Although strong evidence exists for a link between early childhood adversity and poorer developmental outcomes, previous research has primarily focused on investigating the effect of either one single adverse event, or the cumulative effect of multiple environmental factors. In contrast, Sheridan & McLaughlin (2015) suggested a dimensional approach (e.g. threat vs. deprivation), by which key insights into underlying mechanisms linking early environmental experiences and negative outcomes may be gained. This study investigates these two dimensional structures of childhood adversity and their relationship to social, behavioural and emotional outcomes in a group of institutionalized children in Japan.

Method: 213 caregivers from 26 children’s homes completed the following questionnaires for 457 children (8 – 15 years old): (1) Family background checklist, (2) Referral reason checklist, (3) maltreatment checklist, and (4) the Strength and Difficulty Questionnaire (parent rating).

Result: 17 types of childhood adverse experiences were coded from the three checklists and subjected to a principal components analysis to identify which events converged to form independent dimensions of adversity. 13 of those resulted in a 4-factor solution. These factors include (a) poverty, (b) deprivation, (c) parental mental illness, and (d) threat. Factor scores were then correlated with the 4 SDQ difficulties subscales: Hyperactivity/Inattention (HI), Emotional symptoms (ES), Conduct problems (CP), and Peer problems (PP). The threat factor correlated positively with ES, CP and PP. Interestingly, parental mental illness negatively correlated with HI and CP. Neither Deprivation nor Poverty factor scores correlated with outcomes.

Discussion: Results from this study support the hypothesis of threat vs. deprivation dimension of early adversity. However, these factors, except threat, did not predict children’s emotional/behavioral scores. One possible limitation is that the symptoms are only reported by caregivers rather than children themselves. Moreover, the accurate assessment of children’s pre-institutionalization adverse experience remains a challenge.
Review of classical Asian fairy tales regarding child right to protection

Dr. Yanghee Lee (Sungkyunkwan university), Ms. Jinju Baek (Sungkyunkwan university)

Objectives
Although, various types of educational contents have been developed including in the digital era, classic fairy tales provide important element of education. Fairy tales are story that have been handed down through many generations. Therefore it reflects the cultural characteristics, customs, values, beliefs and feelings. Therefore children can be affected by the values detected in these fairy tales by internalizing the motives of good or bad behavior.

In addition, classical Asian fairy tales have shown elements of discrimination against women and children due to various religious reasons and customs. Moreover strict and harsh discipline including corporal punishment was often used by parents in these fairy tales. The study of fairy tales in terms of children’s right is important and warrants closer analysis of Asian fairy tales.

The aim of this study is to analyze classical Asian fairy tales based on the UN Convention on the Rights of the Child, most specifically the right to protection such as protection from discrimination, abuse, neglect, and exploitation.

Method
This study conducted literature review of Asian fairy tales through the use of computerized data bases such as Research Information Sharing Service (www.riss.kr), Online Bookstore in Korea(http://www.openkid.co.kr/), and Museum of picture books(http://picturebook-museum.com).

Results
Analysis is ongoing and the results are forthcoming.

Conclusion
This study will provide important analysis of how children have been viewed in the Asian culture, including harsh treatment often leading to violence against children, can be better understood.
Family violence against children and adolescents: A study about professional practices

Monday, 29th August - Poster Presentation - Poster

Dr. Mara Regina Santos da Silva (Federal University of Rio Grande - FURG), Dr. Gabriele Schek (Federal University of Rio Grande - FURG), Ms. Adriane Gaya (Federal University of Rio Grande - FURG)

Family violence against children and adolescents is a problem of global and historical magnitude around the world. In Brazil, it is responsible for 25% of deaths between the ages of 1 and 9 years and takes the first place when death occurs between 5 and 19 years. This study had as general objective to understand the relationship between professionals and families whose children are victims of parental violence. It aims to: a) identify in the official documents the guidelines that guide the organization of professional practices and services to families in situations of violence; b) identify in the professional discourses about how they take possession of official documents and about how they translate them into their practice with families. A qualitative study was carried out in Rio Grande / RS / Brazil, whose data sources consist of: official documents governing the network of child care/protection; and semi-structured interviews with fifteen professionals (nurses, physicians, social workers, psychologists, counselors and community health agents. The results showed three categories that depict: (1) family referral to other professionals and services as a way to transfer the responsibility for safeguarding the children; (2) the preservation of the family at the expense of child protection; (3) change of function: between the legal and clinical professional role. The conclusion underlines the way the professionals take possession of official documents is influenced by power relations that prevail in the institutions; the concept of family as a private space; and the confrontation between violence as a responsibility of the health sector or the social sector. As an outcome, professional practices contribute more to silence the family violence than to protect children.

Keywords: Family Violence; Children; Adolescents; Nursing.
Training for the use of NICHD protocol by South-Brazilian professionals

Monday, 29th August - Poster Presentation - Poster

Dr. Maria Padilha (Universität Tuiuti do Paraná), Mr. Carlos Aznar-blefari (Faculty of Administration and Economy FAE Curitiba and Research Group on Violence, Vulnerability and Clinical Intervention (GPeVVIC - PUC/RS))

This study aimed at assessing the impact of a training program for the use of NICHD protocol (National Institute of Child and Human Development). This protocol is a tool based on good practices in investigative interviewing and is validated by studies which show its effectiveness in the field. The NICHD protocol encompasses more frequent open-ended questions, thus decreasing suggestibility. Two psychologists and one social worker participated in the study and a training program with four interventions based on scientific knowledge was performed. The study used a single subject design (A-B-C-D), assessing the performance of each participant through investigative interviews, carried out after each one of the four interventions of the program. After analyzing the data of each participant, an improvement in the quality of the interviews was observed, due mainly to the use of more open-ended questions and less closed ones. The average use of questions was statistically compared through the Monte Carlo simulation and Friedman’s ANOVA test, demonstrating a significant decrease in the use of suggestive questions. These results confirm the importance of training programs containing theoretical and practical aspects; as well as continuous supervisions that include feedback in every interview.
When sexual abuse occurs at a preschool unit -
Consequences for families

Monday, 29th August - Poster Presentation - Poster

Dr. Cecilia Kjellgren (Linnaeus university, Dpt of social work)

Sexual abuse of very young children most commonly occurs in the family environment of the child. When sexual abuse occurs at a preschool it results in strong reactions of parents who leave their child at the preschool with expectations on safe and good care. Kelley (1995) highlights a number of characteristics associated with sexual abuse at preschools. Factors as the young age of the child victims, the involvement of multiple victims and the severity of abuse.

In a recent Swedish case 19 children aged 1-3 years have been subjected to serious sexual abuses by a preschool teacher. A large group of parents were affected by disclosure as the preschool teacher had worked on more than 30 preschool units within the municipality. None of the small children could tell about being abused though were the sexual abuses disclosed through multiple pictures taken by the offender.

In an ongoing study parents of the children who have been victims of abuse are interviewed. Additionally has a sample of parents of non-abused children at the current preschool units been interviewed as control group. The aims for the study are to explore how the events affected children and parents, how parents are affected by the fact that children are not able to tell about the abuse, how parents experience the information and support offered by the local authority. Furthermore, parents are asked how the confidence of the preschool and the managers of the organization can be restored. Finally parents are asked to reflect on the longterm consequences for the child, being sexually abused at the preschool. Further implications of the study is discussed.
Attitudes of Caribbean and Canadian undergraduate social work students toward the physical punishment of children

Dr. Letnie Rock (The University of the West Indies), Dr. Ailsa Watkinson (University of Regina)

A. Objectives

1. To compare the attitudes of graduating Social Work Students in the Caribbean (Barbados) and Canada (Saskatchewan) to the use of child physical punishment (CPP).

2. To determine if there is a difference in attitudes between the two groups and if their attitudes are reflective of other members in their location.

3. To identify a role for social work education in reducing tolerance for CCP.

B. Methodology

The quantitative investigation used a ten point attitudinal survey. The questionnaire sought information on the attitudes of undergraduate students to CPP and also demographic information on participants. The questionnaire developed by George Holden “Attitudes towards Spanking/Slapping a Child” was used (by permission) for collecting data. In both locations it was completed by final year social work students (Canada n=35 and Barbados n=24) during class time. The consent of students was sought and permission was gained for the research from the Institutional Review Boards in both locations. Following the completion of the survey all participants participated in a discussion/debriefing session on the topic of child abuse.

C. Results:

The data were analysed using SPSS. The results revealed some marked differences in the attitudes of the students in the different locations to CPP e.g. whereas 71% of the Barbadian students agreed that “spanking a child is a normal part of parenting” only 14% of the Canadian students agreed with this statement. Also while only 20% of Canadian students agreed that “sometimes spanking is necessary to instil proper moral and social conduct” 50% of the Barbadian sample agreed to this statement.

D. Conclusion

Based on the findings of the research, social work education in the Caribbean, Canada and elsewhere has a role to play in reducing tolerance for CPP in accordance with the Convention on the Rights of the Child and ethical practice.
Serving underserved children: Specialized training for psychologists

Monday, 29th August - Poster Presentation - Poster

Dr. Barbara L. Bonner (University of Oklahoma Health Sciences Center), Dr. Tatiana Balachova (University of Oklahoma Health Sciences Center)

This presentation will describe a new graduate training program for advanced students in psychology, the Interdisciplinary Training Initiative for Underserved Children (ITIUC), a two-semester program developed at the Center on Child Abuse and Neglect in the Department of Pediatrics at the University of Oklahoma Health Sciences Center. The goal of ITIUC is to increase the number of graduating psychologists who have the knowledge, skills, and competencies to provide clinical services to underserved children and their families. The ITIUC objectives are to 1) provide integrated discipline-specific and inter-professional training to psychology interns in behavioral health that emphasizes a multidisciplinary approach; 2) integrate primary care, behavioral health, public health, and social services to serve underserved and traumatized children; 3) provide experiential training in primary care settings for interns with underserved populations; 4) advance the leadership skills and professional development of psychology trainees; and 5) ensure that the trainees reach competency in the necessary knowledge and skills to effectively treat maltreated children and children exposed to trauma. The ITIUC is composed of two major components: a discipline-specific clinical component and an interdisciplinary component in which the trainees receive didactic experience with graduate students from medicine, law, social work, and related disciplines. A special emphasis of the ITIUC is on the current status of child maltreatment internationally – recognition, intervention, available services, and prevention. The ITIUC is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services grant D40HP26871 Graduate Psychology Education.
Multidiscipliner approach to a filicide case

Monday, 29th August - Poster Presentation - Poster

Dr. Ş. Gülün Evinç (HACETTEPE UNIVERSITY), Prof. Füsun ÇUhadaroğlu (HACETTEPE UNIVERSITY), Ms. Ferda Karadag (HACETTEPE UNIVERSITY), Dr. Dilsad Ozdemir (HACETTEPE UNIVERSITY), Dr. Büsra Sultan Dogan (HACETTEPE UNIVERSITY), Dr. Musa Kukul (HACETTEPE UNIVERSITY), Dr. Aysun Balseven (HACETTEPE UNIVERSITY), Prof. Ali Rıza Tümer (HACETTEPE UNIVERSITY), Dr. Mehmet Cavlak (HACETTEPE UNIVERSITY), Dr. Sertaç Ak (HACETTEPE UNIVERSITY), Dr. Hatice Okur (HACETTEPE UNIVERSITY)

The term ‘filicide’ refers to the parents who killed their own child or the act committed by these parents. Filicide is one of the prominent reasons of child deaths in developed countries. Even though it is a rare situation that parents kill their own children, it may lead to dramatic consequences. Understanding family dynamics and parental characteristics is important for recognizing the families under risk and carrying out necessary interventions. A detailed and rigorous evaluation process is required for the cases directed with filicide suspicion. Pediatricians, child and adolescent psychiatrists and psychologists, adult psychiatrists and psychologists and forensic medicine doctors, social services, forensic institutions should execute this process together. In this panel a family who lost their three children sequentially and their last children left—a five year 9 months old girl—who is thought to be under risk will be discussed in terms of filicide because no medical reasons underlying the death of the children could be found. The difficulties in the evaluation process, family dynamics, psychological evaluation of parents, the play assessments and therapy of the last living child, social service approach, the cooperation with forensic institutions will be described in detail in the context of this case being followed with play assessments and therapy in addition to all the medical examinations. Based on these the importance of multidisciplinary approach will be discussed.
Prevention of neonatal and infant fatalities

Monday, 29th August - Poster Presentation - Poster

Dr. Michael Durfee (Inter-agency Council on Child Abuse and Neglect (ICAN)), Dr. Deanne Tilton Durfee (Inter-agency Council on Child Abuse and Neglect (ICAN))

PROBLEM:
In 2001, a California law for Safe Surrender of newborns had not taken effect in Los Angeles County. 14 newborns were abandoned and 11 died; none were safely surrendered.
In 2010, ICAN's Child Death Review Team determined that an average of 70 infants had died each of the past 3 years from unsafe sleeping environments.

OBJECTIVE:
Reduce the number of newborn and infant fatalities from abandonment and unsafe sleeping.

METHOD:
Safe Surrender: LA County initiated a “No Shame, No Blame, No Names” campaign. Human services agencies, medical providers, community organizations, and local media carried this message throughout the county, particularly to pregnant women and those who might be concealing their pregnancies. All hospitals and Fire Departments were designated “Safe Surrender” sites. ICAN staff began documenting data on surrenders and abandonments, as well as profiles of mothers if information was available.
Safe Infant Sleeping: ICAN launched a 2 year multi-disciplinary and community campaign to prevent unexpected infant deaths related to co-sleeping and unsafe sleeping environments. The campaign was initiated with focus groups inclusive of parents in multiple racial, cultural and socio-economic levels.

Spanish and English language pamphlets and posters were placed on buses and metro rails, radio ads, videos demonstrating safe sleeping practices, and Public Services Announcements were developed.

RESULTS:
The number of unsafe sleeping infant deaths declined from 70 in 2010 to 35 in 2014, and continues to show this decline in 2015.

The number of abandoned newborns declined from 14 in 2001 to 0 in 2014, with 11 Safe Surrenders. Since 2001, the total number of abandoned neonates: 73. The number of Safe Surrenders:142.

CONCLUSION: The number of infant deaths from abandonment and unsafe sleeping environments can be reduced through culturally relevant and multi-disciplinary messaging addressing key risk factors.

Materials, PSAs and reports will be shared.
California hospital network

Monday, 29th August - Poster Presentation - Poster

Dr. Michael Durfee (Inter-agency Council on Child Abuse and Neglect (ICAN))

PROBLEM - Hospitals vary dramatically in competence to report child abuse/neglect.

OBJECTIVES - We connect hospitals to peer support, that increases the rate of reports and continuity of care.

METHODS Activation of LA County will be followed by similar program statewide in a network with 136 hospitals. Service data on newborn and injured under age three and child abuse report data provide rates for comparison. Data A software program will allow hospitals to create their own data. This software is connected to similar programs underway nationally, and will be augmented by hospital report data. A 1981 LA County, program, increased hospital reports from 50 to 500 a month. That program was stopped for legal concerns that are resolving. We will rebuild with automation and peer support.

LA County is activating 60 hospitals including 6 from neighboring counties. Hospitals are being connected by county, region with some paired statewide with program in other states. This includes more than 400 LA County reports a day for birth and injury under age three. The county has 10 million residents. Special studies will include cases that involve multiple hospitals and multiple counties. LA County will lead to California 39 million, 12% of US population.

RESULTS (CURRENT)
1 Liaison connected by directory, shared programs and training.
2 Hospital data for reports and children served will supply rates.
3 Hospitals will build SCAN teams with DCFS members.
4 Hospitals can access multiagency data to identify agencies serving the family.
4 DCFS/hospital teams can share case management and continuity of care.
5 We have a outreach to multiple groups to find more models internationally.
6 Early report data will be collected before ISPCAN Banff.

CONCLUSIONS Hospital Peer Support improves child abuse services with minimal funds. Hospitals and DCFS can share case management
Objective: The concept of Social Pediatrics has long been recognized as an important aspect of the overall approach to a child’s health, yet has only recently become a mandatory component of pediatric residency training. The purpose of this project was to create a rotation in which residents were located in a CAC with police, social service and health working in an integrated model, and use this as the basis for exploration of the social determinants of health. Resident training in this setting has not been described previously in the literature.

Methods: Consultation took place with the University of Calgary Pediatric Residency Training Program, protection and outreach teams based at the Sheldon Kennedy Child Advocacy Centre, and various community agencies. Goals and objectives were created, followed by design of a four week rotation including interactions with police, social workers and public health nurses at the CAC as well as community clinics for children from low income inner city families (medical and dental), street youth, children in care, aboriginal children and refugees. Residents also attended a residential treatment program for children, school-based developmental assessments, transition workshops and a telephone call centre for Social Services. The rotation was initially introduced as a pilot program.

Results: Following the success of the pilot, the rotation became mandatory for all PGY3 residents. Thirty residents have now completed the rotation. Initial challenges included having residents working with providers who were unaccustomed to the presence of a medical trainee. Frequent communication with the stakeholders resolved most of the issues. Feedback from both residents and the various preceptors has been positive.

Conclusions: A successful educational experience, focusing on the social determinants of health, can be created for residents by embedding them in a CAC setting. The next phase of the project was the evaluation of the resident experience.
Signs of Safety across the globe: Changing one system at a time

Monday, 29th August - Poster Presentation - Poster

Ms. Heidi Hebditch (Resolutions Consultancy)

International interest in the Signs of Safety approach to child protection work has grown exponentially over the past several years resulting in sustained implementations in over 200 jurisdictions worldwide with 50 licensed trainers and consultants leading and training across the globe. A successful and sustained implementation of an organizational shift such as this requires not only ongoing training and coaching but also a true and accurate understanding of results logic and fidelity. How do we know we are being successful? The Western Australian Department for Child Protection and Family Support (CPFS) has commissioned comprehensive independent research of the Signs of Safety implementation and outcomes through the University of South Australia. This logic formalizes what the Signs of Safety actually is and how it works for research purposes which in turn provides the foundation for establishing a robust evidence base regarding the impact and the extent to which the Signs of Safety approach delivers reliable improvements and outcomes. Fidelity on the other hand, allows us to evaluate the practice of supervisors, workers and leadership as well as the supporting organization to determine whether or not we are utilizing the practice properly but also to ensure accountability. This discussion will focus on outcomes being experienced around the globe and the impacts to children, families, workers and organizations as a whole.
Laws on protection of children in conflict situations: How effective in the Nigerian situation

Monday, 29th August - Poster Presentation - Poster

Dr. Chika Ugochukwu (African Network for Prevention and Protection Against Child Abuse and Neglect, Nigeria)

Displacement in armed conflict has been on the increase in many countries, especially the developing world, and such has been the case in Nigeria. These displacements violate all the rights of the child – right to life, right to survival, right to health, full development, education, shelter, the right to be nurtured in a family environment, right to be protected among many.

The laws concerning the welfare of children includes international laws, continental and country laws. They include the Geneva Convention of 1949, and the two protocols of 1977; the Convention on the Rights of the Child (1989) – which provides measures to safeguard child refugees; and the African Charter – which is also concerned with the welfare of refugee children, and those children who find themselves in internal displacements. The children are not only in physical danger, but are stressed mentally, psychologically and health wise. Most Heads of States in Africa have all signed up to the Convention on the Rights of the Child, but in the reality of conflicts and insurgency as obtains in parts of Nigeria today, how are those laws playing out in the welfare of these displaced and refugee children? Children are the most vulnerable during periods of conflicts, the girl child especially. One could only imagine the torture and trauma that children endure in these situations.

This paper will review literature on the laws and how applicable in conflict situations with emphasis on the plight of children in areas of Nigeria that are affected with the Boko Haram insurgency. The role being played by various partners including child protection agencies and the African Network for the Prevention and Protection Against Child abuse and Neglect (ANPPCAN), Nigeria in trying to ameliorate the effects on the children will be discussed including challenges to enforcing/implementing the laws.
Neighborhood social capital and infant physical abuse: A population-based study in Japan

Monday, 29th August - Poster Presentation - Poster

Dr. Takeo Fujiwara (National Research Institute for Child Health and Development), Dr. Yui Yamaoka (University of Tsukuba), Prof. Ichiro Kawachi (Harvard School of Public Health)

Purpose: We sought to investigate the relationship between neighborhood social capital and infant physical abuse using a population-based sample of women with 4-month-old infants in Japan.

Methods: A questionnaire was administered to women who participated in a 4-month health checkup program (n = 1277; valid response rate, 80%). We inquired about their perceptions of the level of trust in their neighborhood (an indicator of “social capital”) as well as the availability of support from their personal social networks. Infant physical abuse during the past month was assessed by self-reports of spanking, shaking or smothering.

Results: The prevalence of infant physical abuse at 4 months of age was 9.0% (95% confidence interval CI, 7.6–10.7%). Women living in trusting neighborhoods were less likely to report infant physical abuse compared to those living in areas with low neighborhood trust (odds ratio OR: 0.25, 95% CI: 0.06–0.97). In addition, women with supportive social networks were less likely to report infant physical abuse (OR: 0.59, 95% CI: 0.36–0.99).

Conclusions: In addition to one’s personal social network, social trust in the neighborhood was independently associated with lowered risk of infant physical abuse. To prevent infant abuse, interventions should consider strengthening community social bonds in addition to strengthening the social network of isolated mothers.
The measurement and assessment of child sexual abuse: A systematic review

Ms. Janet Sayers (University of North Carolina at Greensboro), Ms. Lauren Maxwell (McGill University)

Objectives
While the critical need for child sexual abuse (CSA) to be consistently operationalized and measured has been an ongoing challenge for researchers, no review of CSA measurement instruments has been conducted in 15 years. Further, a stronger focus on psychometric properties, positive and negative predictive power of CSA occurrence, cross-cultural validity, and methodological quality is needed. The goal of this study is to provide both a comprehensive examination of studies on the measurement of CSA, and a resource for scientists and practitioners wishing to identify instruments for use in their own work.

Methods
For the purposes of this review, articles were located by searching PsycINFO, MEDLINE, Cochrane Library, and EMBASE, using groups of text-based search terms derived from searches of current literature—including previous systematic reviews—and from web-based professional resources. Additionally, target journals were examined individually, and reference books were searched by hand. To be included in the review, studies must have been published since 2001 in a peer-reviewed journal. Only articles written in English were included. Instruments administered through face-to-face interviews and instruments administered through self, caregiver, professional, and clinician-report questionnaires were included for comparison purposes. While there were no restrictions on number of items measuring CSA on each instrument, included CSA measurement items can not have been integrated with items measuring other constructs (i.e. other forms of child maltreatment). The Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) checklist provides design and statistical standards for studies of measurement properties, and was used to determine the quality of the methodology used in each study included in this review.

Results
Study selection and data extraction is ongoing. On our current timeline, data synthesis and meta-analysis will be completed by August 2016.

Conclusions
Thus far, identified studies have varied widely in methodological quality as defined by the COSMIN initiative.
New strategies for conflict resolution school as mechanisms for construction of social fabric study of successful cases

Monday, 29th August - Poster Presentation - Poster

Ms. Lucia Cristina Carvajal Jiménez (Independent), Mrs. Sara Patricia Guzman Suarez (Universidad Pontificia Bolivariana Sede Bucaramanga)

The Colombian state since its constitutional transformation into a social rule of law and even for some time, planned from regulation aimed at resolving disputes conciliation as a mechanism for bringing the parties to a conflict, thus creating opportunities for dialogue and coexistence peaceful. Thus conciliation became a principal means to achieve an early and justice agreed between the parties concerned. Given the results that have been observed in the course of the 25 years that has constitutional status, were implemented projects in which the primary focus has been the inclusion of conciliation in the classroom, in order to generate childhood culture of dialogue and peaceful conflict resolution.

The implementation of school conciliation has been a significant step in building a more just society, serving as a strategy for dealing with the presence of bullying in the classroom school class and offering results that demonstrate the importance of teaching, from ages more early even children with limited capabilities, the way how they can cope and put an end to situations that are likely to affect your being.

In this order of ideas, the purpose of the investigation is to analyze the projects that have had a major impact on the treatment of school conciliation and issues in Colombia, two of them being chosen in order to study their progress and from that propose new strategies to help the implementation of mechanisms for conflict resolution in Colombian children.
Children and domestic violence: Helping families to prevent negative effects. A case in Colombia

Mrs. Sara Guzman-Suarez (LLM University of Illinois at Urbana Champaign; International Law Instructor at Pontifical Bolivarian University, Conciliation Center Director; Arbitrator, Colombia), Mrs. Ligia Rico (Independent researcher)

A great portion of the Colombian population has been affected by violence, yet one of the most disadvantaged groups in these circumstances is the family and especially children. Poverty, armed conflict, and lack of opportunity are among several factors; create dysfunctional families with acute signs of neglected and mistreated children. There are a great number of rules and norms to protect family and children. In addition there are government agencies seeking protect them, but the action in practice does not cover them all. Therefore, since the citizens have developed private funded programs that seek to implement laws and provide support for children from families with difficulties and that without this intervention, may not have access to food, education, and they could end up homeless.

Objective

This paper seeks to highlight the importance of citizen action to give concrete law enforcement to help families and protect children by providing education services, nutrition and training in order to avoid being involved in crimes.

Method

This exploratory research is based on a case study focused on activities in the Department of Santander in Colombia. It seeks to identify the characteristics of a population of children under 14 and how they are learning to overcome violence in their homes through the work with the support of a group of citizens who seek to aplicacione the rules to protect the welfare of the population through the provision of various services to prevent enlisting on illegal activities.

Results and Conclusions

This study seeks to characterize the activities carried out by citizens who are organized around crime prevention for children, and how through education, impact the lives of those who have been generated victims of domestic violence. In the same way, this is to generate suggestions for playing this experience elsewhere in Colombia and Latin America.
Prevention of human trafficking and criminal exploitation of children in Colombia

Mrs. Sara Guzman-Suarez (LLM University of Illinois at Urbana Champaign; International Law Instructor at Pontifical Bolivarian University, Conciliation Center Director; Arbitrator, Colombia), Mr. Juan David Pimiento (Pontifical Bolivarian University, Bucaramanga)

Colombia has had a history of violence generated largely by organized crime. This still applies to children who can become victims of trafficking and sexual tourism.

Therefore, the Colombian government has sought to implement policies that target these crimes and give children basic guarantees.

But then: What are Colombian policies doing to give effect to international normative against human trafficking in children?

Objective

This article seeks to highlight the extent to which public policy include prevention around the crime of trafficking in persons specially when the victim is a child and how such prevention materializes.

Method

This exploratory research, review the regulations governing the crime of human trafficking - sexual tourism, in which children become involved as victims, to compare with the international commitments made in this area by Colombia.

Results and Conclusions

It expects to see public policies in Colombia for crimes of trafficking and sex tourism involving children, in order to conclude if our laws are according to international conventions and if that law is effective in protecting the rights of children through prevention.
Narratives about concerns for child maltreatment

Monday, 29th August - Poster Presentation - Poster

Dr. Maria Forsner (Dalarna university), Dr. Gudrun Elvhage (Stockholm University, Department of Social Work)

Teachers and other professionals at school meet children almost every day. Sometimes this contact can result in worries for the child’s wellbeing. According to Swedish law all professionals coming in contact with children have an obligation to report child at risk of maltreatment to social welfare authorities.

Objective: To illuminate school professionals’ worries for child maltreatment

Method: As a part of a project, aiming to facilitate the process to help maltreated school aged children a narrative approach was applied. 32 school professionals, of various occupations from six different schools for children 6-15 years old in Sweden, were interviewed.

Results: The participants told about a total of 63 cases of children they had worried for. When worrying for the child they had concerns for the best for the child, their relation to the parents, consequences for the child and told about ongoing worries long after the narrated situation.

Conclusion: There seemed to be many hinders when considering report child maltreatment to the authorities and there is a need to decrease the pressure on the individual school professional during the process. A future intervention is planned to decrease the strain and facilitate the reporting process that may lead to earlier efforts to help children at risk.
State of child abuse in Bangladesh

Monday, 29th August - Poster Presentation - Poster

Mr. Mohammad Salim Miah (Director Academy, Heritage School, Bangladesh)

The abstract summarized on the rapid analysis of the published report of NGOs, Government Agencies, Ministries, Newspaper and the different assessment of national and international organization on the contemporary situation and occurrences of child abuse in Bangladesh. The article expresses the present situation of child abuse and the initiative taken by the government and other agencies to prevent child abuse in Bangladesh.

Collecting data from different sources including government agencies and after compiling, assessing and justifying those data are accumulated, the process of collecting data includes a survey within the certain abuse prone area. Bill in the parliament, government gazettes, interviewing victims are also considered as source of data. Month wise comparison of the quantity of abuse to present the flow of incidents occurred during the certain period.

A clear picture of child abuse is shown from the study and the nature of child abuse in Bangladesh can be identified. It will also express the quantitative figure of various child abuses in Bangladesh including Rape, Sexual Harassment, Murder after Rape, Eve Teasing, Suicide after Rape, Kidnapped, Attempt to kidnapped and prevented, Rescued after Kidnapping, Murdered after Kidnapping, Missing, Rescued after Missing, Found Dead after Missing, Rescued while/after Trafficking, Found Dead Body of unknown newborn baby, New Born baby theft, New Born Baby Rescued After Theft, Found Unknown Baby, Victim of Acid Violence Death by Road Accident, Injured by Arson, Killed by Cocktail Bomb Blast, Injured by Cocktail Bomb Blast, Injured in Political Violence, Killed in Political Violence, Injured by Group Violence. In response to the child abuse the initiative and instant measurement taken by the government can also be identified. The future state of child abuse can be measured.

The abstract is a summery of the incidents of child abuse in Bangladesh and the preventive action taken immediately.
Children sexual abuse: Profile of 8 years of notifications in a pediatric hospital in Florianópolis – SC - Brazil

Ms. Vanessa Platt (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Prof. Isabela Back (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Ms. Daniela Hauschild (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Prof. Jucélia Maria Guedert (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC)

The objective of this study was to identify the characteristics of child sexual abuse, as the victim profile, the perpetrators and associated factors notified in a reference health service with the databases of the Information System for Reporting Diseases, in a city of southern Brazil. Categorical variables are presented in prevalence and 95% confidence intervals. There were 489 notifications from 2008 to 2014 of child sexual abuse confirmed or suspected, which the majority were related to female victims, but the repeated abuse was reported mainly with male victims. The abuse occurred at home in 81.6% of cases and the main perpetrators of the abuse were male and victim acquaintances. Twelve victims have contracted sexually transmitted infections, pregnancies were 6, 5 of them interrupted legally. This study highlights the CSA profile are similar in almost Brazilian regions, showing that it’s possible having a national preventing program.
Risk factors for continuity of child sexual abuse, as reported by data from a children’s hospital in Brazil

Monday, 29th August - Poster Presentation - Poster

Ms. Vanessa Platt (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Prof. Isabela Back (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Ms. Daniela Hauschild (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC), Prof. Jucélia Maria Guedert (FEDERAL UNIVERSITY OF SANTA CATARINA - UFSC)

A study was conducted in Florianópolis (SC) in 2015, evaluating 489 reports of sexual violence against children and adolescents in a reference service, from 2008 to 2014. The dependent variable was the continuity of sexual abuse and the independent variables were sex of the victim, the victim’s age, color and race, presence or absence of disability of the victim, place of occurrence, sex of perpetrator, use of alcohol by perpetrator, number of people involved, victims relationship with the perpetrator and presence or absence of rape. To evaluate the relationship between continuity of abuse and associated factors, chi-square test was done and variables with p < 0.2 were tested in the regression model. The continuity of the sexual abuse accounted for 51.0% of the notifications (CI 95%:45.72 to 56.29). The best adjusted model for continuous sexual abuse included the sex of the author being male (OR: 9.82; 95% CI: 1.13 to 85.25), the highest number of people involved (OR: 2.39; 95% CI: 1.03 to 5.56), the place of occurrence being the victims’or perpetrators’ residence (OR: 2.32; 95% CI: 1.08 to 4.95) and the author being known to the victim (OR: 1.94; 95% CI: 1.09 to 3.46); explaining 63.6% of the cases (78.9% of positive and 44.3% of negative) with Hosmer and Lemeshow test of 0.858. Based on regression analysis, it is important to note that the factors defined by the model indicate ongoing abuse in 78.9% of cases. Due to the similar characteristics of the associated factors of continuous CSA in Brazil and abroad it is recommended to continue investigation and discussion in different social spheres and academia, seeking the understanding of this phenomenon and the promotion of more adequate models to prevent this form of violence.
Missing children tragedy triggers numerous child abuses in Pakistan

Dr. Gulzar Ahmad (Pakistan Council on Family Relations)

A review literature on missing children has indicated that the tragedy of missing children triggers numerous and severe forms of child abuses. Though missing child in the form of child lost and separated from the parents or guardians itself by any means has many psychological, social and emotional repercussions; the potential abuse risks, threats and damages are heightened and multiplied in magnitude after that at later stages of life. The purpose of this review study was to investigate the prevalence and forms of missing children in Pakistan, its causes, triggering abuse effects, and recommendations for national policy formulation to mitigate this menace. In this review data analysis of last three years in Pakistan, more than 3 thousand children were missing every year as reported while estimated of more than that remain unreported because of familial and social stigma, lack of police support and tiring judicial system. The major forms of missing children were abduction, kidnap for ransom, runaway, way lost, sale or mortgage etc. Main causes of missing children included abduction for sexual abuse, family violence, broken homes, parental marital discords and tensions, school or workplace violence, abduction by terrorist groups, rural to urban migration, natural disasters as floods and earthquakes, beggar mafia, child mental sickness, sale or mortgage, prostitution, drugs and bonded labor gangs amongst other factors. The study has analyzed the incidence prevalence with demographic variables as child gender, socioeconomic status, geographical location etc., and psychosocial and emotional repercussions on child, family and society. Further, recommendations for an effective national policy formulation are suggested to mitigate the tragedy of missing children to alleviate the child, familial, social, economic and general human sufferings.
Experiences of abuse: Impact on self-conceptualizations and social expectations of youth transitioning to adulthood

Monday, 29th August - Poster Presentation - Poster

Ms. Heather Schmidt (Aspen Family and Community Network Society), Dr. Ernie Alama (Aspen Family and Community Network Society), Mrs. Ameera Memon (Aspen Family and Community Network Society)

The transition to adulthood is a distinct development period of heightened stress and uncertainty in the life course which includes critical decision making about social roles and independence. For most youths, emerging adulthood is marked by “independence from social responsibilities” (Arnett, 2000), often drawing on a range of supports and communities to seek guidance and resources and to explore personal identity and worldviews (Blakeslee, 2012). However, emerging adulthood experiences for system-involved youths, particularly those who have experienced abuse, are found to be more complex and disjointed, marked by transience in relationships, residences and supports. This paper presents an exploratory case analysis of two vulnerable, system-involved youths whose transitions to adulthood are impacted by previous abuse and trauma. These past experiences affect how they cope with the pressures of systemic and social expectations around ‘independence’ and ‘adult’ roles. The fourteen-month case study engaged participants through in-depth interviews and field visits, and covered topics such as personal life conceptions of transitions, individualization, adulthood, and structural factors supportive or restrictive of identity explorations (an emerging adulthood characteristic): findings cut across issues relating to leaving home, building social networks, and school-to-work transitions. In understanding that supportive relationships may accelerate recovery and enhance resilience for abuse survivors (Conway, 2012), this study finds the use of natural supports (including both non-institutional and institutional supports) can be one means through which to help youths cope with past traumas and move forward in building ‘successful transitions’ to adulthood.


Psychological evaluation for child protection decision making

Dr. Richard Lucardie (Lucardie Psychological and Consulting Services, Ltd.)

The purpose of a psychological evaluation for child protection decision making is to help identify what, if any child abuse and/or neglect risk factors exist for a child/children in a parent(s)/primary caregiver’s care. A clinical framework for interpreting psychological evaluation findings will be presented that is based, in part, on the New York State Risk Assessment and Services Planning Model. As a psychologist, I provide psychological evaluation services for Child, Youth and Family Services to the governments of Alberta, Yukon and Northwest Territories for children and adults across the ages from diverse cultural backgrounds including Inuit, Metis Nation and First Nation. A multi-method psychological evaluation approach will be presented that includes background file review; clinical interviews; observation; psychometric evaluation of cognitive functioning, academic achievement, emotional behavioral functioning, adaptive functioning, mental disorder, personality functioning; and parenting attitudes, beliefs, behavior, knowledge of child development, and stress. Intervention/treatment recommendations that follow from the identified child abuse and/or neglect risk factors for a family, and factors that may hinder the psychological evaluation process, will be examined. This presentation is recommended for those professions providing services to children and families in child protection circumstances.
New interventions in child maltreatment fatalities: Establishing a near death review protocol

Monday, 29th August - Poster Presentation - Poster

Dr. Tricia Gardner (University of Oklahoma Health Sciences Center)

This presentation will focus on the steps to follow when establishing a near death review protocol for child fatality review teams. This will include an explanation of why legislation is so important to the success of a team, a description of the process put into place to receive referrals of near death cases for review, a description of what qualifies as a near death due to child maltreatment, protocol that needs to be established prior to reviewing these types of cases, team operating procedures for near death cases, and procedures to follow when conducting a near death review.

There will be an in-depth discussion of reviewing near death cases when child abuse and neglect is involved. This will focus on what materials are needed for the review, how the information is collected and disseminated, and how to establish media relations while maintaining confidentiality.

This presentation will wrap up with a discussion of recommendations that can be created and implemented by child fatality teams that are attempting to establish near death review for their team.

Brief Description:

This presentation will discuss the implementation of near death review by child fatality review teams. The lecture will include a description of legislation, concerns regarding HIPPA requirements, protocol in deciding which cases to review and how the review is conducted.

Learning Objectives:

The participants will be provided with definitions of near death due to child maltreatment

The participants will be provided with information regarding protocol to follow when reviewing a near death due to child maltreatment

The participants will be provided with information regarding the implementation of near death review in their community
Considerations when establishing child fatality review

Monday, 29th August - Poster Presentation - Poster

Dr. Tricia Gardner (University of Oklahoma Health Sciences Center)

This presentation will focus on issues surrounding child fatality review. This will include an explanation of the mission and purpose, the different types of review, who the members of a board should be, how to begin to establish a board, and steps to effective review.

There will be an in-depth discussion (as time allows) of the actual review process. This will focus on what materials are needed for the review, how the information is collected and disseminated, and how to establish media relations while maintaining confidentiality.

This presentation will wrap up with a discussion of recommendations that can be created and implemented by child fatality teams.

Brief Description:

This presentation will discuss the implementation child fatality review teams. The lecture will include a description of legislation, suggested team members, protocol to follow while establishing a team and the team process itself.

Learning Objectives:

The participants will be provided with a description of a child fatality review team.

The participants will be provided with information regarding protocol to follow when requesting information for review, as well as conducting a review.

The participants will be provided with information regarding recommendations that can come from successful child fatality review in their community.
Developing a comprehensive government strategy for building and promoting positive fatherhood involvement as a key priority for reducing domestic violence

Monday, 29th August - Poster Presentation - Poster

Ms. Lana Wells (University of Calgary), Ms. Elizabeth Dozois (Word on the Street, Ltd.),
Dr. Deiner Exner (University of Calgary)

Located in the Faculty of Social Work at the University of Calgary, Shift: The Project to End Domestic Violence is aimed at significantly reducing domestic violence in Alberta, Canada. With an emphasis on primary prevention, Shift conducts research and works collaboratively with a diverse range of stakeholders to move research into policy and practice, thereby helping to shape and inform domestic violence prevention efforts across the province. As part of this work, Shift spent two years working with the Government of Alberta to support the development of Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta, a provincial policy framework that identified engaging healthy and non-violent men and boys in violence prevention as a key priority. In May 2014, the government entered into a partnership with Shift to 1) support the development of a comprehensive men and boys violence prevention strategy, and 2) develop a fatherhood action plan that would guide future policy and investments. Research shows that positive father involvement has a significant impact on the health and well being of children, and has been identified as a key priority for reducing child maltreatment and domestic violence. This presentation will provide an overview of the partnership between the University of Calgary and Government of Alberta, the process to develop the fatherhood action plan, along with key findings and recommendations that have policy and practice implications for government, community and families. The proposed fatherhood action plan is one that could become a template for other jurisdictions worldwide.
ORAL PRESENTATIONS
Coping in the aftermath of child marriage: The voices of women who were child brides

Monday, 29th August - 13:15 - Child Marriages - Oral

Dr. Itzhak Lander (sapir college)

Marriage is an important institution for the individual and society at large. Child marriage is a reality for millions of women globally, especially in the developing world, and raises issues of grave concern related to physical and psychological health. It has recently become the focus of intense public and political debate. Childhood marriage, generally considered to be forced because of limited capacity for informed and free consent, has been widely acknowledged as a practice that involves pervasive human rights violations including the right to freely enter into marriage, and the right to bodily and sexual integrity. Childhood marriage results in severe maternal and child health consequences, and furthermore, it impedes communal development by stunting educational and vocational opportunity for half the population.

The paper explores the experiences of child marriage, of women themselves. Despite increased scholarly interest in child marriage, relatively little is known directly from the perspective of those women who have experienced childhood marriage. What are their perceptions of its effects, and in particular, what are the strategies they employ in order to cope in the aftermath of their childhood marriage?

This paper surveys existing theoretical and empirical perspectives on childhood marriage. It proceeds to highlight the author’s own research, using qualitative methodologies, of the experiences, perceived effects and coping strategies of 15 Bedouin-Arab women in Israel, ages 30-50, who were married between the ages of 13 and 18. Bedouin-Arabs have lived in Israel for millenia, with approximately 150,000 residing in the southern Negev region.

Findings show that women were readily able to point to ostensibly harmful experiences in their childhood marriages, including partner violence and invasive sexual acts. In addition, prominent in their stories was the experience of lost opportunity, specifically in terms of their early marriage blocking their own chances for self actualization.

At the same time however, participants tended to minimize most of the negative effects of those extremely challenging experiences associated with their early marriage. Prominent in their stories was the longterm use of defense mechanisms, in particular repression, in coping with hurtful aspects of their early marriages. Several interviewees described how this “pushed away” material frequently rose up in symbolic form in their dreams. Also evident was the utilization of reaction formation—with several participants tracing their “unending” love and affection for their husbands to a transformed initial hatred of him. A number of interviewees underscored the role of somatization in their coping with childhood marriage. Lastly, there was evidence of the utilization of pseudo-forgiveness on the part of a number of interviewees, as a tool for coping with the hurtful experiences related to their childhood marriage.

Findings are discussed in the context of the literature on coping with loss and trauma, as well as forgiveness, and their implications for professional mental health counseling and therapy considered.
Adolescent girls participation towards ending child marriage

Ms. Mphatso Makuluni (Daystar University), Mrs. Roseline Olumbe (Daystar University), Dr. Sylvia Tuikong (Daystar University)

Around the world, girls and women are forced to live with the consequences of female genital mutilation (FGM) and child marriage. Although Kenya has made strides in outlawing FGM, child marriage and protecting child rights, the practice is still rampant. Often motivated by cultural beliefs, FGM leads to child marriage and health complications as it is forced upon girls aged 7 to 18. The study sought to establish attitudes of adolescent girls towards child marriage and to establish how adolescent girls can participate in ending child marriage. The participants were 65 adolescent girls from Kenya Masaai community. This was a qualitative research designed in a form of a survey which aimed at gathering knowledge and information on child marriage among adolescent girls. According to the research findings, 61.5% of the girls were not in favour of child marriage while 48.5% were silent on whether the practice was favourable or not. Furthermore, 80% of the girls reported that they would be pleased if child marriage was not being practiced while 20% were unsure if the practice was to be continued or not due to their traditional beliefs. In addition, 71.9% of the girls indicated that they can participate in actions aimed at ending child marriage while 1.5% of the girls were silent on their participation towards ending child marriage. On the same note, 26.6% were hesitant on whether that they can participate to end child marriage or not. The researcher concluded that, adolescent girls know and view child marriage as an act that needs to end. The girls urged that the practice of child marriage should be demolished and their community should pursue alternative rites of passage within one generation. Nevertheless, Voicing out their concerns, self-advocacy and seeking help from child protection partners was an important aspect of the girls avoiding child marriage.
Role of existing social protection programs to address child marriage in Bangladesh: Case of one union Parishad

Monday, 29th August - 14:01 - Child Marriages - Oral

Dr. Md. Mojib-Ul Hasan (Save the Children in Bangladesh), Ms. Laila Khondkar (Save the Children in Bangladesh), Mr. Kazi Depon (Save the Children in Bangladesh)

Background: Bangladesh has one of the highest rates of child marriage in the world. 65% of girls are married by their 18th birthday. Social Protection Program (SPP) is widely considered as one of the means to address child marriage. At present Bangladesh Government has more than hundred SPPs. One study has been conducted with the objective to explore the impact of existing SPPs to address child marriage in Bangladesh.

Methodology: Household Census, Focus Group Discussions, case studies, and Key Informant Interviews were conducted. Census covered all households having marriage events within one year in one union of Bangladesh. This study has only considered SPPs on following criteria: a. Publicly funded, b. Explicitly addressing child marriage and c. Can potentially contribute in neutralizing push factors.

Results: Only few programs are addressing lifecycle risks and vulnerabilities of children. Child centered SPPs are mostly focused on schooling with a meagre amount of fixed stipend. Child marriage rate at rural level is 66.5%. Earning capacity, social-economic status, and ‘moral character’ of grooms are key pull factors behind marriage of girl child, while concerns over safety and security, ‘free mixing’ with boys and family ‘honour’, uncertainty about ‘good job’ after education are key push factors. Girls are most vulnerable to get married at 16th and 17th year. 60.4% of the child brides are student. There is no significant differences in child marriage practices among the households, whether they receive one, multiple, or no SPP support.

Conclusion: Reducing child marriage requires comprehensive program, which includes appropriate SPPs with enough economic incentives and ensuring governance of administering birth and marriage registration. Existing norms related to child marriage should be addressed, and social awareness campaign should highlight legal, health and other negative consequences of child marriage that prevent a girl to realize her full human potential.
Child marriage - The cause of high rate maternal mortality in Northern Nigeria and other parts of Africa

Monday, 29th August - 14:24 - Child Marriages - Oral

Mr. Leonard Romanus (African Association for Prevention of Elder and Child Abuse (AAPECA INT'L))

In several cultures in Nigeria and other African nations, given out daughters in marriage at young age is a common tradition. Female children are undervalued, not well nature, malnourished and not educated, are often married to much older men who see them as slaves and sex maids instead of brides. In such marriage, the female have little or no power and sense of self determination because in early marriage the girl child cannot stay in school, and have little motivation or ability to plan a family.

In an effort to understand the basic cause of high maternal mortality in the northern part of Nigeria, a team of investigators went to the region on a fact finding project. The method was hospital mortality record questionnaire and the respondents were health practitioners from both private and public hospital and maternity homes in the region. Findings are that the respondents reported the records from their different hospitals & maternity homes. Over half the respondents reported 80 out of 100 maternal mortality victims are infants born to teenage mothers of below 17 years who likely die within the first year than infants born to mothers ages 20 to 38. Maternal mortality rate twice as high for mothers ages 13 to 17 than mothers ages 20 to 38. The research have shown that child marriage which lead to early childbearing is the major cause of maternal mortality in the northern Nigeria and other parts of Africa that practice child marriage.

Conclusion; To reduce maternal mortality rate in this area there is need for international & local intervention through intensive sensitization on right of the girl child who are force to child marriage. Girl child should attain the age of consent and adulthood which is 18+ and must have completed basic education which is primary+secondary school, hence reduces early childbearing with its severe consequences.
An empirical investigation of child abuse in Saudi Arabia: Identifying common themes

Monday, 29th August - 13:15 - Culture and Intervention - Oral

Dr. Ahmed Alahmed (Al-Imam Muhammad Ibn Saud University), Dr. Julian Leslie (University of Ulster)

This study aimed to identify the common themes in Saudi abused children. Sixty eight (68) children were interviewed in two designed sessions, and an interview conducted with the caregivers about child maltreatment. The study sample consisted of children (ages 6 through 18) from two settings: government institution and family home in Riyadh. Thematic analysis was performed to create established meaningful patterns and reporting the final report.

Data analysis revealed seven active themes: fear, thoughts of death, being forced to do things, lack of trust, low self-esteem, alcohol and drug, and psychological problems. These findings shed light on how Saudi abused children perceive the abuse, and how they lived experience abuse impact their mental health. These finding suggest that a deep thematic analysis of child abuse can provide a foundation for a more refined inquiry to the scientific investigation, mental assessment, and treatment of Saudi abused children with complex histories of child abuse.
Making social protection systems work for children’s care: 
Implications from cross-country research in sub-Saharan Africa

Monday, 29th August - 13:38 - Culture and Intervention - Oral

Mrs. Suzanne Clulow (Children In Distress Network), Mrs. Camilla Jones (Family for Every Child), Dr. Keetie Roelen (Institute of Development Studies)

Objectives

Despite increasing evidence of the impact of social protection on poverty and other child wellbeing indicators, evidence of impacts on children’s care is limited. Family for Every Child and the Institute of Development Studies undertook research to address this gap, which investigated the impact of cash transfers on child wellbeing and care, family separation and incentivising foster or kinship care. It considered government-implemented cash transfer schemes in Rwanda, Ghana and South Africa.

Method

This participatory, qualitative research employed literature review, key informant interviews, in-depth case study interviews, and group interviews with children and adults.

Results

Cash transfer schemes can support caregivers to provide quality care, through improving material wellbeing and reducing stress in the household. They can also prevent loss of parental care and support family reunification. Transfers to kinship or foster carers can enable them to provide care to children who are not their own. However, it is vital to address implementation challenges to optimise positive effects. Evidence suggests adverse consequences, such as transfers reinforcing certain children’s marginalised positions within households and inappropriate use of transfers. Concerns also exist around transfers perversely incentivising care. Stronger links between social protection and social services are needed to support children’s care, but this must not overburden social services or divert resources from protecting children from abuse and neglect.

Conclusions

Cash transfers have the potential to improve quality of care and help prevent loss of parental care. They may provide crucial financial support to kinship or foster carers, although safeguards are needed. More effective sensitisation within schemes could reduce negative and improve positive impacts. The creation of links between social protection and social services should be undertaken, but policy makers and planners should carefully consider target groups and associated support, and appropriate division of roles and responsibilities between staff cadres.
Towards a culturally informed ethical foundation for intervention

Dr. Thomas Meysen (German Institute for Youth Human Services and Family Law)

The cross-cultural study “Cultural Encounters in Interventions Against Violence” (CEINAV) in four EU countries (England/Wales, Germany, Portugal, Slovenia), funded by the joint research programme HERA – Humanities in the European Research area, draws on multi-national comparisons of legal-organizational frameworks and socio-cultural backgrounds of European child protection systems. A series of focus groups using paradigmatic narratives were conducted with professionals from different stakeholder groups in all four states. Interviews with young persons who experienced intervention to end child abuse and/or neglect were followed by a process of creative art work. Data were analyzed with regard to implicit and explicit discursive constructions and normative representations. Frames and professional orientation in interventions differed in the four countries informing the presence and/or awareness of key ethical issues and dilemmas. The latter varied between both stakeholder groups and countries. Cultural diversity raised further challenges drawing a fine line between cultural sensitivity and “othering”. Many professionals share the normative goal of securing the same right to protection for all children, but a series of possible blocks and barriers emerged. The interviews with young persons indicated the value of a helping relationship to a person of trust, the importance of professionals who recognize their needs and their desire for more self-determination. Instructed by an artist the interviewed young persons created art expressing their experiences with intervention and that of being perceived as members of a minority group. Their works were reflected in direct contact with researchers and practitioners.

After summarizing core findings of the three year project, the presentation will introduce the study’s transnational foundation for culturally informed ethical guidelines for good practice in intervention against child abuse and neglect.
Delineating disproportionality and disparity of Asian versus White households in the child welfare system

Monday, 29th August - 14:24 - Culture and Intervention - Oral

Dr. Barbara Lee (University of Toronto), Dr. Esme Fuller Thomson (University of Toronto), Dr. Nico Trocme (McGill University), Dr. Barbara Fallon (University of Toronto), Dr. Tara Black (University of Toronto)

Objective: Disproportionality and disparity are complex phenomena. Comparing three disparity indices (population based, decision-based, and maltreatment-based), this study provides an in-depth examination of the definitional and methodological considerations in examining racial disproportionality and disparity in child welfare research.

Methods: This study used the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) data adjusted by Census child population data. Disproportionality was examined using rates per 1,000 children in the Canadian population. Disparity was examined using population-based (PDI), decision-based (DDI), and maltreatment-based indices (MDI). Logistic regression was used to determine the odds of case closure for substantiated child maltreatment investigations, and whether Asian ethnicity remained significant while controlling for child demographics and household composition, case characteristics, and clinical concerns.

Results: This study found that Asian-Canadian households were under-represented in the child welfare system compared to White-Canadian households (13.9 per 1,000 Asian children in the Canadian population vs. 36.1 per 1,000 White children in the Canadian population). Asian-Canadian households were almost 2 times more likely to close after an investigation than White-Canadian households. The three disparity indexes (PDI, DDI, MDI) showed substantially different results with respect to the representation of child maltreatment investigations involving Asian-Canadian versus White-Canadian households for physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence.

Conclusions: The variation in results derived from the different methods of calculating representation suggests the need for greater clarity and consistency in the definitions and methodology in examining racial disparity in child welfare research. Future research examining disproportionality and disparity should present both population-based (PDI) and decision-based (DDI) findings as a way to minimize misinterpretation. Maltreatment-based disparity index (MDI) may be a more suitable measure of representation when an ethno-racial group is over- or under-represented for a particular maltreatment type in the child welfare system.
Exploring the risks and vulnerabilities of child trafficking in West Java, Indonesia

Monday, 29th August - 13:15 - Trafficking and Exploitation - Oral

Dr. Binahayati Rusyidi (Universitas Padjadjaran), Prof. Dede Mariana (Universitas Padjadjaran)

Although reforms in trafficking regulations have taken place since 2007, Indonesia is still facing a big challenge in eliminating child trafficking. This study was aimed to identify and assess risk factors and vulnerabilities in the life of trafficked children prior to, during, and after being trafficked in order to inform child protection system and policy. The study was qualitative and in-depth interviews were used to collect the data. Data were gathered in 2014 and 2015 from 18 girls aged 14 to 17 years who were trafficked for sexual or labor exploitation within or outside Indonesia and originated from four different regencies in West Java. Social workers, safe home personnel and parents were also included as data sources. Data analysis was guided by ecological perspective and theme analyses.

At the micro level, risk factors and vulnerabilities included young age, family conflict/violence, involvement with the ‘wrong’ circle of friends/peers, family poverty, lack of education, lack of social and economic support for the victim’s family, trafficking situations and psychological damages due to trafficking. At the mezzo level, the lack of structured activities after school, economic inequality, lack of alternative education, stigma towards victims, lack of services for victims, and minimum public education regarding human trafficking were among the community hazards that increased the vulnerability and risks. Gender inequality, consumerism, the view of children as assets, corruption, weak law enforcement, the lack of institutional support, and community-wide ignorance regarding the trafficking situation were found as factors at the macro level.

The findings from the study underline the necessity to reduce risk factors and promote protective factors at the individual, family, community and societal levels. Shifting the current focus from tertiary to primary/prevention policies and improving institutional efforts are pressing needs in the context of reducing child trafficking in Indonesia.
Examining state-wide trends on domestic trafficking: Implications for interventions by youth-serving agencies

Ms. Laura Johnson (Rutgers University), Dr. Cassandra Simmel (Rutgers University), Dr. Judy L. Postmus (Rutgers University)

Background: Domestic minor sex trafficking (DMST) is considered a significant social problem. However, research on DMST youths’ needs is limited, which hampers the effectiveness of service providers working with this population. This mixed methods exploratory study examines statewide trends in abuse reports for youth (N = 175) where domestic trafficking (including both labor and sexual exploitation) is alleged. It further provides an in-depth look at a subset of youth (N = 8) receiving services from child welfare due to trafficking involvement. Together, the data are informative for guiding services for this population.

Method: Both sources of data were from the state’s child welfare agency: administrative data (abuse reports of youth) and the case records of eight DMST-youth who were under the auspices of the agency. Administrative data were analyzed in SPSS; descriptive analyses and cross tabulations were conducted to examine multiple aspects of the youth (i.e., demographics; geography; background risk elements). The case record data were examined qualitatively in Atlas.ti to illuminate the risk and protective factors in youths’ backgrounds and current functioning.

Results: Demographic data revealed that youth associated with domestic trafficking referrals were predominately female; most were African American or White. The reporting source ranged widely according to how the youth were reported to the state (i.e., suspicion of maltreatment vs. in need of services). For both groups of youth, sexual abuse and neglect were the most frequent types of alleged maltreatment; biological parents were the most frequently identified alleged perpetrator. Qualitative coding analysis of the case records identified three ecological themes of risk and protective factors organized by variables at the structural, family, and individual levels.

Discussion: Findings illuminate the demographic characteristics and victimization experiences of trafficking-involved youth served by a child welfare agency. These results can guide policies and interventions for youth-serving agencies.
Objective:
To identify mechanisms for rapid identification in line with deepening the current agenda on identification of child victims of trafficking.

Introduction:
Child trafficking is a multiple child rights violations affecting lives of millions of children worldwide. However, identification of victims of trafficking continues to be a challenge in the fight against trafficking yet it is the first step towards recovery for victims.

Method:
In this study, a qualitative research approach was applied to get rich details from study participants. Purposive sampling was used when selecting the 32 key informants who were interviewed for the study. In-depth interviews were conducted and digitally recorded. The researcher obtained ethics clearance from University of Johannesburg before commencing the study. Thematic analysis was used to analyze the data.

Results:
Possible mechanisms suggested by the study participants included: standardised prescriptive policies and procedures, alignment and application of child protection protocols, community outreach work, litigation and pursuit for justice and development and training on child trafficking indicators. In the application of these mechanisms, a child-centric and time-sensitive approach should be adopted.

Conclusion:
Lack of rapid identification leads to development of walls of silence which subsequently perpetuate exploitation of children. These walls need to be broken down inorder to increase visibility of and access to psychosocial services for trafficked children.
Incidence of childhood physical, emotional, and sexual abuse in Quito-Ecuador using the ICAST-R

Dr. Teresa Borja (Universidad San Francisco de Quito)

Objectives: There is limited information regarding the prevalence of abuse in developing countries. The present study uses the ICAST-R to collect data regarding the prevalence of childhood maltreatment in Ecuador. The study also investigates participants’ perceptions and the long-term impact of sexual abuse experiences.

Method: A representative sample of 3133 university students (M=1579, F=1554) filled the Spanish ICAST-R, together with other questionnaires that measure perceptions and traumatic impact.

Results: Physical abuse was reported by 47% of the participants with parents being the most common perpetrators. Emotional abuse was reported by 53% of the participants and the most common perpetrators were same-sex peers and parents. Sexual abuse was reported by 15% of the participants (M=13%, F=18%). Most of the abuse towards females came from adult males (76%), particularly family relatives, males from the community, and family friends. For males, perpetrators were mostly female peers (53%), adult females (36%), and less frequently adult males (27%) and male peers (20%).

Almost all of the female participants described these experiences as non-consented and in negative terms (i.e., “shameful”, “traumatic”, “scary”, “confusing”). On the other hand, half of the male participants considered these experiences as consented and their perceptions varied (i.e., “normal”, “help me to mature”, “shameful”, “confusing”, “traumatic”). Results from the IES showed that for many participants, some childhood sexual experiences have had long-term impact. Half of the females and 20% of the male participants reported that they still had avoidant post-traumatic stress symptoms.

Conclusions: The results of this study indicate that childhood maltreatment is frequent in Ecuador as is the worldwide trend. Many of the results regarding gender differences and the interpretation and impact of sexual abuse can be explained through the context of the abuse and should be understood through cultural factors typical of the Latin American culture.
Recognition and response to child sexual abuse (CSA) by the medical professionals in India

Background & Aims: The health and security of every country’s children are integral to its progress and development. According to the Government of India (GOI) in 2007; over half of Indian children have faced some form of sexual abuse. Medical professionals are often the first point of contact for an abused child and are required to take prompt action to provide immediate health care and assure protection of the child. The paper aims to bring awareness and training of the medical professionals to recognize and respond to Child Sexual Abuse (CSA).

Methods: To address the challenges, the Indian Child Abuse Neglect Child labour (ICANCL) group (www.icancl.com) conducted several advocacy and training initiatives in the field of CSA.

Results: The 9th ISPCAN Asia Pacific Conference (2011) Conference was held in New Delhi to raise awareness of the needs of abused children. A new law “Protection of Children from Sexual Offences” (POCSO) Act 2012 created a sense of urgency for a more robust systems response. The Indian Medical Association, UNICEF, and ICANCL faculty conducted several regional training of trainers (TOT) workshops (2014-15). At the National Conferences PEDICON 2013 and CANCL-CON 2015, a series of symposiums were organized on How Medical Professionals should respond to CSA? Given the huge population and socio-economic challenges, efforts were made to implement “personal safety and privacy” guidelines to prevent CSA. The recent GOI initiative to start “One Stop Centre (OSC)” Scheme in every state medical facility to support women and girls below 18 years affected by violence is a great opportunity to collaborate, coordinate services and participate in multidisciplinary training.

Conclusions: This paper will highlight the challenges faced in responding to CSA as well as successful strategies to develop policies, protection and clinical services to support the needs of victimized children in low income countries.
Predictors of diagnostic findings in child/adolescent sexual abuse exams

Monday, 29th August - 13:38 - Medical Evaluation - Oral

Ms. Tanya Smith (The Hospital for Sick Children), Dr. Sudha Raman (Duke University), Dr. Sheri Madigan (The University of Calgary / The Hospital for Sick Children), Dr. Michelle Shouldice (University of Toronto/Department of Paediatrics, The Hospital for Sick Children)

OBJECTIVE: To determine the predictors of physical examination findings which are diagnostic of trauma - Anogenital examinations in children and adolescents with concerns of sexual abuse are frequently normal or nonspecific. Predictive factors for abnormal examination findings are important in determining optimal timing of examination, and have not been systematically examined to date-and/or sexual contact in a large sample of children and adolescents seen at a hospital based sexual abuse center.

METHODS: Medical charts of children aged 0-18 years evaluated for sexual abuse/assault between 1995-2008 were reviewed. Case details and ano-genital examination findings were extracted. Ano-genital examination findings, as documented in the patient’s health record, were classified according to a recently-published consensus approach to interpreting medical findings in suspected child sexual abuse (Adams, 2007). Analyses were conducted using logistic regression.

RESULTS: 3569 patients examined for sexual abuse concerns were identified. Diagnostic findings were documented in 173 (4.9% of the sample) of the study group. Age was significantly associated with diagnostic finding: adolescents (>12) had a diagnostic rate of 13.9% whereas children (<12) had a diagnostic rate of 2.2%. As a result, subsequent analyses for children and youth were conducted separately. Predictors of diagnostic findings for adolescents were unknown versus known perpetrator, report of vaginal versus no vaginal penetration, and documented versus no documented symptoms. Predictors of diagnostic findings for children were seen within 72 versus more than 72 hours of the assault, unknown versus known perpetrator, reported vaginal versus no vagina penetration, and documented versus no documented symptoms. CONCLUSIONS: This study confirms the low overall rate (4.9%) of diagnostic findings, and points to systematic differences in diagnostic rates between children and adolescents. The identified factors associated with diagnostic findings will assist clinicians in triaging cases by predicting those that may be most likely to have documented examination findings.
Children of colour and child protection medical assessments: Improving cultural competency in clinical practice

Monday, 29th August - 14:01 - Medical Evaluation - Oral

Dr. Shanti Raman (South Western Sydney Local Health District, Liverpool Hospital),
Dr. Paul Hotton (South Western Sydney Local Health District)

Objectives

Black and ethnic minority populations are known to be over-represented in child maltreatment (CM) statistics in western countries. In Australia, indigenous children are over-represented in CM notifications, but little is known about other culturally diverse population groups. Our aims were to describe children from culturally diverse backgrounds presenting for CM medical assessments in South Western Sydney (SWS), a large multicultural urban population. We wanted to determine how culturally competent the assessments were to provide guidelines for culturally competent CM assessments.

Methods

We identified all children <16 years presenting to a community-based clinical service for CM in SWS, between 2013 and 2015. Demographic and clinical data were collected. Simple descriptive analysis was performed; ethnic groups were compared to the epidemiological profile of SWS. Clinical assessments were checked against culturally competent healthcare standards.

Results

Over the three years, 279 children were seen for an acute CM assessment, mean age was 8.1 years; majority (72%) were female, most (73%) presentations were for sexual abuse. A quarter (28%) were Anglo-Australian, 13% were Aboriginal, 13% were middle-eastern, 11% were Pacific Islander (PI) and 8% were Asian background. Aboriginal and PI children were significantly over-represented, Asian children under-represented compared to SWS population. PI and Asian children were significantly more likely to present with physical abuse. Over a quarter of the assessments (28%) where conducted with no accompanying carer; three-quarters (73%) of these were children of colour. Interpreters were not present for 40% of assessments that needed them.

Conclusions

Risk and resilience factors differ between the various ethnic groups in SWS. Children of colour need to be identified and supported using a culturally respectful, child rights promoting framework. We identified strengths and weaknesses in current clinical assessment models, and formulated guidelines for a culturally competent child protection clinical service.
Filicide in Australia: A national study

Monday, 29th August - 14:24 - Medical Evaluation - Oral

Tragically, the incidence of filicide deaths in Australia (the deaths of children killed by a parent or guardian or equivalent) is high in comparison with other OECD countries (Pritchard, Davey & Williams, 2013). Furthermore it does not appear to be diminishing substantially over time (Brown, Tyson, Fernandez, 2014). While there is a National Homicide Monitoring Program, which collects data on child homicides (including filicides), there has been limited in-depth research into filicide specifically, limiting attempts to better prevent filicide incidents. Research that can inform prevention efforts has been infrequent and no studies have covered all the states and territories of the nation. In 2015 a joint team from the Australian Institute of Criminology and Monash University (Arts and Medicine, Nursing and Health Sciences) began the first national study on filicide in Australia. The study sought to develop better data on the incidence of filicide nationally, and in each state, and to identify patterns among perpetrators and victims from 2000 to 2012. The boundaries of childhood were extended to early adulthood because of the known occurrence of adult victims. The study incorporated all data on all incidents of filicide including the deaths of adult children over the age of 18. The study findings will be presented together with their implications for professional and organisational intervention.
Court sentences for offenders of child sexual abuse

Mrs. Linda van Krimpen (Dutch Rapporteur on Trafficking in Human beings and Sexual Violence against Children)

Presentation of research on 200 verdicts by Dutch courts, in which suspects were convicted for ‘hands on’ sexual abuse of a child. The research has two main objectives:

1. Getting an insight in the nature of the crimes. E.g. the sexual acts committed by the perpetrator, the duration of the abuse, characteristics of the offenders, characteristics of the victims, the relationship between the victim and the offender (e.g. family member, stranger) etc.

2. Getting an insight in factors related to the sentences imposed by the court. According to previous research by the Dutch Rapporteur (On solid ground, 2014 http://www.dutchrapporteur.nl/reports/on-solid-ground/), the Dutch courts imposed a custodial sentence in only 31% of the cases in which offenders were convicted for this type of crime. This research intends to find out why in the majority of the cases other (less severe) sentences were imposed.

Method:

A random sample of 200 convictions (2012-2013) for hands on sexual abuse of a children was taken out of a total of 816 cases. The 200 judgements were analyzed both quantitatively and qualitatively. By means of an ordinal logistic regression we analyzed which factors contribute to the type of sentence. With a multiple regression we looked at the factors that predict the duration of the custodial sentence.

The qualitative analysis was focused on the reasoning of the court with regard to the sentence. All elements mentioned by the courts with regard to the sentences were extracted, classified and grouped, resulting in a qualitative analysis on the factors relating to the sentence.

Results and conclusions:

The results will be published in the first half of 2016.
Objective: The purpose of the current study is to define and use administrative data risk indicators to predict outcomes for “youth-in-conflict” served through the child welfare system. Youth-in-conflict are involved Colorado’s (USA) child welfare system not primarily or only because of maltreatment, but because they are experiencing high levels of intra-family conflict. These youth have been referred to the child welfare system for needed services.

Method: The sample includes 7,151 youth ages 10-17. All youth had a youth-in-conflict referral to Colorado’s child welfare system between 2007 and 2012. All youth also had contact with the juvenile justice system. At a minimum, justice system contact included risk screening for future criminal offenses and/or placement needs. The study combines administrative data from two sources: the child welfare system and juvenile justice risk assessments. Combining these data allows examination of a wider range of risk factors which may predict youth-in-conflict case outcomes. We conducted separate multinomial regression analyses for age groups 10-15 (n=4,232) and 16-17 (n=2,919). Outcomes have been classified into three levels for the dependent variable: (1) no placement, (2) reunification and (3) non-optimal outcomes such as emancipation, youth corrections, or running away. Administrative data were used to construct risk indicators included as independent variables.

Results: Several indicators negatively predict outcomes for youth-in-conflict. For ages 10-15 such indicators include prior child welfare placement, felony charges, violent/harassing behaviors, gang membership, sexualized behaviors, truancy and a runaway history. For ages 16-17 such indicators are similar, but with prior residential placement and weapons use replacing child welfare involvement and sexualized behaviors.

Conclusions: Linking administrative data sources provides a broader look at risk factors than would either child welfare or juvenile justice data alone. Identified factors predict substantially lower odds of positive outcomes. Options for further study using linked administrative data will be discussed.
The state of progress in legal responses to child sexual abuse claims: Evidence from a systematic review of 71 civil statutes of limitation across Canada, the USA and Australia

Dr. Ben Mathews (Queensland University of Technology)

OBJECTIVES
Laws play a crucial role in setting social norms about child sexual abuse, providing survivors with justice and health rehabilitation, and encouraging religious, educational and other institutions to prevent sexual abuse and respond appropriately in its aftermath. Much progress has been made in legislative and institutional responses to sexual abuse. Yet, statutes of limitation have impeded ethical practice, by setting a time limit on when a survivor of sexual abuse must commence a legal action.

Defendants have exploited these statutes to evade accountability and block survivors from accessing courts. Survivors’ capacity to promptly start a claim is compromised by the consequences of their experience of sexual abuse, including post-traumatic stress disorder and depression. However, some jurisdictions have demonstrated a new ethic in legislative norm-changing, recognising the scientific and moral reasons to remove legal barriers for this special category of cases. This study explores progress in reform of statutes of limitation across the USA, Canada and Australia.

METHOD
A systematic review of legislation in all 71 jurisdictions of the USA, Canada and Australia analysed the nature of the time limit on commencing civil claims for child sexual abuse.

RESULTS
Jurisdictions have vastly different approaches ranging from no limitation period to extremely restrictive time limits. Canada has the most progressive framework with most jurisdictions having abolished time limits. In America, some jurisdictions have removed the limitation period and some have adopted innovative short-term strategies allowing claims, but most states retain restrictive time limits. In Australia, the state of Victoria recently removed the time limit, but the general situation is far behind Canada’s.

CONCLUSIONS
Major breakthroughs have occurred but much progress remains to be made. Legal reform can provide survivors with remedies, and can encourage institutions to improve their environments and behave ethically. Suggestions are proposed for further legal and ethical reform.
The impact of universal and clergy mandated reporting

Monday, 29th August - 14:24 - Legal Responses - Oral

Dr. Vincent Palusci (NYU School of Medicine), Prof. Frank Vandervort (University of Michigan School of Law)

In the wake of sexual abuse scandals at U.S. universities and in the Catholic church, a number of U.S. states rushed to respond to improve mandated reporting of suspected child abuse and neglect. One popular reaction was to expand mandated reporting to include additional professionals or to all people. Some states adopted universal mandated reporting laws while others expanded the categories of professionals who are required to report child maltreatment. However, the effects of universal mandated reporting laws and clergy reporting laws on child maltreatment reporting rates have not been systematically evaluated. We undertook a study to: (1) evaluate the relationship of total and confirmed child maltreatment report rates with state universal reporting laws; (2) assess the impact of state laws mandating that members of the clergy report child maltreatment; (3) determine whether demographic characteristics modify these effects; and (4) assess whether these relationships, if any, hold with confirmed reports of specific child maltreatment types.

To accomplish this, we used county-level data from the U.S. National Child Abuse and Neglect Data System for years 2000 and 2010 to evaluate reporting rates for total reports, confirmed reports, and confirmed maltreatment types in a cross-sectional, ecological analysis. We compared these rates while controlling for child and community demographic variables such as child population size, gender, race, ethnicity, school attendance, disability, poverty, housing, high school graduation, parental marriage, religiosity, unemployment and crime.

We found that counties in U.S. states that changed their reporting laws for clergy had higher rates of total and confirmed child maltreatment reports. Some child and community characteristics modified the associations. While there were significantly increased report rates noted for physical and sexual abuse and neglect overall, the rates in states with law changes and other factors actually decreased.

We conclude that policymakers should consider whether changing requirements for mandated reporting will meaningfully improve CM case identification. In this presentation we will discuss our findings as to both universal mandated reporting laws and statutes mandating that members of the clergy report. Policy implications of our findings will be discussed. We anticipate a lecture-style presentation including a power point presentation of the basic data followed by an interactive discussion of our findings and their implications for policy and practice.
Engaging the media for child protection—How, benefits and challenges: Experiences of ANPPCAN Uganda Chapter

Monday, 29th August - 13:15 - Systems Using Technology for Good - Oral

Ms. Sharon Ahumuza (African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) Uganda Chapter), Mr. Jimmy Obbo (African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) Uganda Chapter)

Introduction: The African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN) Uganda Chapter is a member of a Pan African Movement that engages the media to addressing the plight of children. We highlight experience of ANPPCAN Uganda Chapter in engaging with media, challenges encountered and suggestions for the future to enhance child protection.

Approach to media engagement: The key interventions of ANPPCAN Uganda Chapter’s approach include: capacity building for journalists and consultative meetings with media houses to promote positive reporting; holding press conferences, production of documentaries, radio and television spots on issues affecting children; production and distribution of Child link magazines and policy papers to media; staff participation in media talk shows and use of social media. ANPPCAN is a member of Uganda Child Rights NGO Network that organizes annual awards to recognize and inspire media houses and journalists involved in child protection in Uganda.

Benefits and challenges with media engagement: Engaging with media has heightened advocacy for rights and responsibilities of children and aids investigations on cases of child abuse and neglect. The media gives a voice to children and other actors to influence child friendly programmes and policies. Major challenges are: some sections of media often publish pornographic content which exposes children to sexual behaviors at an early age and some child survivors of abuse are not protected exposing them to secondary abusers. Children’s voices are rarely heard in media ‘paternal journalism’ and often children’s issues are overshadowed by politics and commercialization of media.

Conclusion: Engaging media is vital for changing the attitudes in any given society and hence the need for creating and strengthening partnership between media and child protection institutions. Emphasis should be put on code of conduct to guide media houses and giving children platform as actors in child protection.
America’s missing: Broadcast emergency response - Marking 20 years of the AMBER alert system

Monday, 29th August - 13:38 - Systems Using Technology for Good - Oral

Ms. Lou Ann Holland (United States Department of Justice), Mr. Robert Hoever (National Center for Missing & Exploited Children), Mr. Jim Walters (National Criminal Justice Training Center, Fox Valley Technical College)

On January 13, 1996, 9 year-old Amber Hagerman of Texas was abducted and subsequently assaulted and murdered. Although this heinous crime remains unsolved 20 years later, it resulted in the creation of the highly-successful AMBER Alert System. Since its inception, the system has aided in the rescue and safe return of nearly 800 children.

Managed by the United States Department of Justice’s (DOJ’s) Office of Justice Programs, the AMBER (America’s Missing: Broadcast Emergency Response) Alert System began in Dallas-Fort Worth, Texas, USA. Broadcasters there collaborated with local police to develop an early warning system that would help find abducted children. The system is now utilized in all 50 states, the District of Columbia, Indian country, Puerto Rico, the U.S. Virgin Islands, and 22 foreign countries. In addition to radio and TV, its messages are delivered via Department of Transportation signs, cell phone notifications, digital billboards, Internet service providers, text alerts, and web and social media posts.

In its role as secondary distributor of AMBER Alerts, the National Center for Missing & Exploited Children has developed innovative public-private partnerships with organizations such as Google, Facebook, Instagram, Twitter, Bing and Uber. Facebook users now receive geo-targeted alerts, which help expand child protection resources into new and critical areas via social media.

The AMBER Alert Training and Technical Assistance Program provides technical assistance training and services to Federal, state, local and tribal law enforcement agencies and other key AMBER Alert stakeholders. Its goal is to increase collaboration, improve skills, and develop and implement effective policies and evidence-based practices to protect and safely recover missing, endangered, and abducted children. The Child Abduction Response Team training is a multi-disciplinary approach to responding to a missing or abducted child incident. A recently-released tribal database offers important child protection and human trafficking prevention resources to tribal communities.
Preventing and responding to violence, sexual exploitation and abuse of children related to information and communication technologies (ICTs) - UNICEF guidance

Ms. Clara Sommarin (UNICEF)

Objectives:
There are few international guidance documents on how to develop comprehensive strategies to address violence, exploitation and abuse of children related to information and communication technologies (ICT). UNICEF and partners identified the need for consolidated guidance for Governments and partners on the development of evidence-based national strategies to address ICT-related violence, sexual exploitation and abuse of children, informed by a child rights approach, which can be operationalised in different contexts. This paper will outline the process of developing this guidance, describe the content and plans for piloting and evaluating its impact.

Methods:
UNICEF commissioned a desk review of: a) evidence on what is known about effective policies and programmes to address ICT related violence, exploitation and abuse of children, and b) existing guidance documents in this field. The review will look at published research and guidance document, research of relevant electronic databases, key journals and grey literature. The evidence review and the guidance are being undertaken concurrently, and are informing each other. Both will be independently reviewed by academic and practice experts.

Results:
The guidance document is currently being developed and will be ready by June 2016. It will include a theory of change model for how to address violence, exploitation and abuse of children related to ICTs, informed by a child rights approach. It will also include cases studies of promising practices and recommendations for national level strategies to address violence, exploitation and abuse of children enabled by ICTs, and the promotion of children’s digital citizenship, within a broader context of child rights.

Conclusion:
The guidance document will be ready by June 2016. It will provide a concrete guidance on how to develop evidence-based, comprehensive strategies on child rights and ICTs, addressing all aspects of child online protection, digital citizenship and empowerment.
Facilitating child participation in child protection: The participatory photography assessment tool (P-PAT)

Monday, 29th August - 14:24 - Systems Using Technology for Good - Oral

Dr. Mónica Ruiz-Casares (McGill University & SHERPA—Institut Universitaire)

Objectives

In order to inform decisions about child-related programs and policies, researchers must find ways to gain access to children’s perspectives directly in ways that facilitate communication and balance power relations. This can be particularly challenging in contexts where the status of children is low or they have limited ability to consent (e.g., young children) or dissent (e.g., in normative settings such as schools). Visual methodologies hold the potential to enhance meaningful child participation while ensuring their protection (Hunleth 2011).

Method

The Participatory Photography Assessment Tool (P-PAT) is an iterative photo-elicitation group methodology developed to facilitate young people’s participation in child protection assessments. This session describes the instrument and procedures used with 162 children 7-11 years of age in Liberia and Laos and provides tips and resources to adapt it to specific environments and populations. Relevant ethical and legal issues such as confidentiality, anonymity, and copyright clearance are also discussed.

Results

By using the P-PAT, children identified a number of risk and protection factors in their communities. In Liberia, normative knowledge elicited unanimous reactions whereas survival-related life experiences yielded ambivalent understandings of risk and protection (Ruiz-Casares et al., 2013). In Laos, concerns of lack of hygiene, unintentional injuries, corporal punishment and domestic violence coexisted with protective factors such as food and shelter; religious and cultural practices; supportive interpersonal relationships; and schooling. Some images prompted conflicting interpretations (Ruiz-Casares, in press).

Conclusions

The PPAT is a developmentally-appropriate, culturally sensitive, and cost-effective method that helps facilitate meaningful participation of young people in child protection assessments as well as question researchers’ own assumptions. This session will be of interest to those working with children and young people as well as other populations facing barriers to participation (e.g., illiterate and differently-abled groups).
Alberta resilient communities project - The role of community influencers post-disaster

Ms. Lisa Elford (University of Calgary), Dr. Julie Drolet (University of Calgary)

On June 20, 2013, the Southern Alberta floods resulted in the largest natural disaster in the province and among the worst in Canada, affecting thousands of individuals, homes and structures. Community organizations, social service agencies, and local governments continue to rebuild affected communities. This paper presents preliminary research results from interviews conducted with community influencers who are individuals working in organizations, systems, and groups that support children and youth post-flood. There is a great deal to learn from the experiences of service providers, practitioners, community leaders, organizers, and individuals working to deliver services and programs for children and youth in post-disaster contexts. Research findings contribute to a comprehensive understanding of resilience from the perspectives of community influencers, and identify areas that would benefit from collaborative action and strategic engagement. The transition of services from temporary external agencies to existing permanent services will be discussed, as well as innovations and promising practices in disaster recovery. This study is part of the larger “Alberta Resilient Communities Project” conducted as a collaborative research program with Dr. Julie Drolet (University of Calgary), Dr. Robin Cox (Royal Roads University), and Dr. Caroline McDonald-Harker (Mount Royal University), and funded by Alberta Innovates - Health Solutions CRIO Grant.
Alberta resilient communities project - Children and the crisis of environmental disasters: Understanding impacts and resiliency strategies

Ms. Lisa Elford (University of Calgary), Dr. Caroline McDonald-Harker (Mount Royal University)

The 2013 Southern Alberta flood resulted in devastating impacts affecting social, economic, health, and environmental infrastructures. Children were particularly affected by this environmental disaster because of their dependence on adults, and psychological and social factors related to their developmental stage, life cycle, and structural vulnerabilities. Little is known about how disasters impact children’s lives during these times of crises, particularly from their own voices. This paper discusses a current research study that engages children between the ages of 5-12 years, as well as their parents and siblings (key influencers in their lives) in Calgary, High River, and the outlying Foothills region. This paper focuses on the importance of examining: 1) How disasters influence children’s everyday experiences; 2) How children can best be supported post-disaster by the key-influencers in their lives; 3) How and in which ways children demonstrate resiliency post-disaster; and 4) How key influencers’ perspectives can inform resiliency strategies for children. This paper provides perspectives on how children can act as powerful catalysts for change in their families and communities. This study is part of the larger “Alberta Resilient Communities Project” conducted as collaborative undertaking with Dr. Caroline McDonald-Harker (Mount Royal University), Dr. Julie Drolet (University of Calgary), and Dr. Robin Cox (Royal Roads University) funded by Alberta Innovates: Health Solutions CRIO Grant.
Alberta resilient communities project - Youth, innovation and resilience

Monday, 29th August - 13:15 - Symposium 1 - Symposium

Ms. Lisa Elford (University of Calgary), Dr. Robin Cox (Royal Roads University)

The ResiliencebyDesign (RbD) Research Lab at Royal Roads University is working with youth in flood affected communities in Southern Alberta to explore their experiences of disaster recovery and their creative ideas for building greater resilience in their communities. As part of the Alberta Resilient Communities project team, the RbD is engaging young people from Calgary, High River, and the Foothills region in a youth-friendly Social Innovation process that is simultaneously building skills in community based research and design thinking while also generating data regarding their disaster recovery experiences and perspectives on community resilience. As part of this work, youth have been participating in the co-design and piloting of an RRU Continuing Studies Certificate in Resilience Innovation Skills. This session will introduce the work that the RbD is doing with youth, share some youth-generated digital and visual stories, and some of the early findings regarding youth perspectives on disaster recovery, place-based resilience, and climate change adaptation. This study is part of the larger “Alberta Resilient Communities Project” conducted as a collaborative research program with Dr. Julie Drolet (University of Calgary), Dr. Robin Cox (Royal Roads University), and Dr. Caroline McDonald-Harker (Mount Royal University), and funded by Alberta Innovates - Health Solutions CRIO Grant.
Alberta resilient communities project

Monday, 29th August - 13:15 - Symposium 1 - Symposium

Ms. Lisa Elford (University of Calgary, Faculty of Social Work), Dr. Julie Drolet (University of Calgary, Faculty of Social Work), Dr. Robin Cox (Royal Roads University), Dr. Caroline McDonald-Harker (Mount Royal University)

This symposium presents papers from the Alberta Resilient Communities Project conducted as a collaborative undertaking with Dr. Julie Drolet (University of Calgary), Dr. Robin Cox (Royal Roads University), and Dr. Caroline McDonald-Harker (Mount Royal University) and funded by Alberta Innovates: Health Solutions CRIO Grant. The overall aim of this three-year research project is to inform and strengthen the health and well being of children and youth, as well as improve policy, training, and practices related to enhancing disaster preparedness, disaster risk reduction, and resilience for children and youth.

The Alberta Resilient Communities research project focuses on the lived realities of children, youth, and their communities in order to inform and strengthen child and youth mental health and enhance disaster preparedness, disaster risk reduction, and resilience in Southern Alberta. This symposium will present papers from the three research streams (community influencers, child-focused, and youth-focused), and data collected during our initial first year. Discussion will focus on sharing the lived experience of children and youth, particularly those experiencing high levels of risk and/or social exclusion, in the context of disasters, as well as the gaps and capacities of community influencers such as non-profit organizations and service providers. For this symposium, the research team will share how they are 1) drawing upon a range of participatory methodologies, including child and youth-friendly social innovation processes, 2) exploring children and youth as catalysts for change in families, and 3) positioning community influencers as agents of resilience in High River and surrounding Foothills region of Alberta.
'Letting the future in': An therapeutic intervention for children affected by sexual abuse

Monday, 29th August - 13:15 - Symposium 2 - Symposium

Prof. John Carpenter (University of Bristol), Prof. Simon Hackett (Durham University), Ms. Patricia Jessiman (University of Bristol)

Child sexual abuse (CSA) is an international problem of “staggering” proportions (Hidden in Plain Sight, UNICEF, 2015). The effects of CSA childhood and adulthood include post-traumatic stress, anxiety, depression, problematic sexual behaviour, poor academic/work achievement, relationship problems and suicide. Concern about CSA in the UK has focused on the protection of children and the identification of perpetrators, but how can those children who have been abused be helped?

Letting the Future In (LTFI) is a structured guide to intervention based on an understanding of trauma, attachment and resilience. It was developed by the NSPCC, the leading non-governmental organisation for child protection in the UK. The theoretical basis is a revised version of Bannister’s (2003) Recovery and Regeneration model, which is largely psychodynamic in nature and emphasizes the therapeutic attunement of the practitioner to the child’s affective states. It sees the therapeutic relationship between child and practitioner as ‘core’ and employs creative therapies with work on the awareness and management of feelings and, in addition, socio-educative approaches. It has been implemented by practitioners (88% social workers) in 20 teams in England, Wales and Northern Ireland.

This symposium contains three papers presenting findings from a comprehensive independent evaluation of LTFI (2012-2015): (1) a study of its implementation in teams and of the methods of intervention used; (2) a multi-site evaluation of outcomes for children (N= 242) using a pragmatic RCT methodology; and (3) qualitative family case studies (N = 15) of children and parent/carers’ experiences of LTFI.
‘Letting the future in’ a therapeutic intervention for child sexual abuse – Implementation in teams and methods of intervention

Monday, 29th August - 13:15 - Symposium 2 - Symposium

Prof. Simon Hackett (Durham University), Prof. John Carpenter (University of Bristol), Ms. Patricia Jessiman (University of Bristol), Dr. Demi Patsios (University of Bristol)

Letting the Future In (LTFI) is designed for children aged 4-17 who have experienced sexual abuse and for their carers. It is a guide to practice, rather than a treatment protocol. It is intended as a needs-led, flexible approach, however this brings challenges to treatment fidelity and effective implementation across a service agency.

Objectives: To describe the LTFI intervention, including its theoretical basis, structure and approach, and to examine how it was implemented.

Method: Case studies based on interviews with practitioners (N = 12), managers (N = 6) and referrers (n=4) in eight teams over 2 years. Teams were sampled purposively to reflect diversity of service user groups, a range of team experience and a mix of urban and rural catchment areas.

An Intervention Checklist (ICL) which recorded the number of sessions, treatment content and the use of theory in individual sessions with children (N=2,394), carers (N=436) and joint sessions with carers and their children (N=311).

Findings:

Implementation: Most practitioners and managers welcomed the intervention components, but felt restricted by limits placed on work with carers. A strong therapeutic alliance was seen by practitioners as the most important factor in the success of their work.

Interventions: Creative therapies (23% of sessions), counselling (11%) and symbolic play (10%) were the three theoretical approaches used most commonly in sessions with all children. The use of both general CBT (3%) and trauma-focused CBT (1%) was low. Intra-familial victims were engaged in more symbolic play, whereas those abused outside the family were more likely to be offered solution focused interventions.

Conclusion: There are few studies of the implementation of therapeutic approaches. Implementing a flexible, guide-based (rather than protocol based) therapeutic approach to treat sexual abuse is possible in community-based settings, but requires sustained training and support.
The outcomes of Letting the Future In (LTFI) were evaluated using the most rigorous possible methodology, a pragmatic randomised controlled trial. Unlike in an efficacy trial of two or more interventions, the aim here was to test the effectiveness of the intervention in a ‘real world’ setting of community-based services.

Methods: 281 children (age 4-17) with established CSA referred to 18 agency teams were assessed and then randomised to immediate intervention or a six-month waiting-list control group. 242 families (86%) consented to participate in the evaluation. Follow-up was at six and twelve months. Outcome measures were standardised multi-dimensional scales assessing depression, PTSD, anxiety and behavioural problems (the self-report TSCC for older children and the proxy parent-report TSCYC for young children, Briere 1996/2002). The primary outcome was the proportion of children in intervention and control groups at baseline and follow-up with a ‘clinical-level problem’ or ‘serious difficulty’ on at least one sub-scale. ‘Intention-to-treat’ (ITT) and ‘completers’ analyses were employed.

Results: Completers: 73% of 56 older children and young people scored above the clinical/difficulty level at baseline, reducing to 46% at the six month follow-up of 172 children (p=.001) vs. control (no change, p=.581). ITT analysis (N = 162): Intervention 68% vs. 51% p=.016 vs control NS. For younger children, both completers (N=57) and ITT (N=82) analyses showed no change in either intervention or control groups at six months, but evidence of a reduction in the intervention group at twelve months.

Conclusion: This ‘real world’, multi-site trial shows that rigorous methods of evaluation can be employed effectively; this is the largest RCT yet. Its strengths and weakness will be noted. Results demonstrated the short-term effectiveness of LTFI for older, but not younger children. Recommendations are made for improving effectiveness included enhancing the engagement of parent/carers, especially for younger children.
‘Letting the future in’ a therapeutic intervention for child sexual abuse – Children’s and parent/carers’ perspectives

Monday, 29th August - 13:15 - Symposium 2 - Symposium

Ms. Patricia Jessiman (University of Bristol), Prof. Simon Hackett (Durham University), Prof. John Carpenter (University of Bristol)

Few studies seek to understand children and their parent/carers’ experiences of therapeutic interventions for child sexual abuse (CSA), despite evidence that service users may have different perceptions of their needs to those treating them (Drauker et al, 1997). Involving children affected by CSA in research raises ethical issues including the risk of re-traumatising them post-therapy or disrupting the therapeutic alliance if they are still engaged, and maintaining anonymity and confidentiality (Hutchfield and Coren 2010).

Objective: to examine children’s and parent/carers’ perceptions of ‘Letting the Future In’ (LTFI).

Method: 15 children who had experienced CSA and had completed LTFI were selected as the focus for a series of family case studies. Within each case, we invited the child, their non-offending parent/carer, and their practitioner(s) to participate. Twelve children (aged 5-18 years, seven girls and five boys, all White-British) 17 parent/carers and 16 practitioners were interviewed.

Results: LTFI was strongly valued by all respondents. Children self-reported a range of positive changes in mood and behaviour. They developed strong therapeutic relationships with practitioners and could clearly recall ‘significant’ therapeutic interventions to which they attributed these changes. Carers tended to value the child-focused element of LTFI more strongly than carer support sessions, and were also more likely to report some dissatisfaction with LTFI in general. Carer satisfaction was associated with the child’s perceived recovery, and the strong therapeutic relationship between the child and practitioner.

Conclusions: Children’s and parent/carers’ views can and should be included in evaluations of CSA interventions. The implications for therapeutic work are discussed.
Development of methods for continuous child maltreatment surveillance

Monday, 29th August - 13:15 - Symposium 3 - Symposium

Dr. John Fluke (University of Colorado School of Medicine), Dr. Andreas Jud (Lucerne University of Applied Sciences and Arts), Dr. Laura Schwab Reese (a), Ms. Bryany Denning (Child and Family Services - Northwest Territory), Dr. Lil Tommyr (Public Health Agency of Canada), Mr. Adam Filleul (Birdseye, INC), Ms. Tanja Mitrovic (Lucerne University of Applied Sciences and Arts)

Child maltreatment surveillance is a complicated undertaking; one that is best informed by a range of data collection approaches. Among the reasons for the diversity of methods is the need to have access to high quality data on a continuous and uninterrupted basis. Among other goals continuous data are essential for monitoring macro and micro changes and observing trends that may impact systems of prevention and intervention. These in turn have important implications for assessing the effectiveness of these systems and the identification of key leverage points for policy development.

As with all methods of child maltreatment surveillance continuous data collection is fraught with methodological challenges. Among these are the difficulties of implementing data collection programs, sustaining such programs for the long-term, improving data quality, assessing data validity, and triangulating data with other types of data collection methodologies.

The three presentations planned for this session describe nascent efforts to address the collection of continuous data across several countries, and system domains. The first presentation describes the methodological framing adopted through a collaborative project to simultaneously develop child welfare information systems that are also capable of producing child maltreatment surveillance data across the three northern territories of Canada; Yukon, Great Northwest Territory, and Nunavut. The second presentation highlights the progress and challenge of an initiative to develop a Canton based administrative data surveillance program in Switzerland with its diverse cultures. The third describe the state of methodological progress in developing, adapting, and validating a range of approaches to using social media for continuous data collection that might be applied to child maltreatment surveillance; a continuous data resource with great promise, but many challenges.
Development of methods for continuous child maltreatment surveillance - Emerging social media methodologies in child maltreatment epidemiology

Monday, 29th August - 13:15 - Symposium 3 - Symposium

Dr. Laura Schwab Reese (University of Colorado School of Medicine), Dr. John Fluke (University of Colorado School of Medicine)

Objectives: Developing methodologies to triangulate child maltreatment surveillance data is an important aspect of the future of child maltreatment epidemiology. Relying on a single source of information, such as cases reported to child protective services, provides an incomplete and potentially biased view of the issue of child maltreatment. Other areas of surveillance, such as flu symptoms and flu related illnesses, have readily adopted social media and internet-based approaches to triangulation. However, there have been notable failures in accuracy by some of these approaches, which highlights the importance of rigorous evaluation and validation prior to adoption and dissemination. The purpose of this presentation is to provide an overview of social media triangulation methodologies for health surveillance, report results of evaluation and validation research on these methods, and synthesize a set of recommendations regarding research priorities for the application of these techniques to child maltreatment surveillance.

Methods: We will conduct a comprehensive literature review on the use of social media in health surveillance and synthesize the evidence-base for these approaches.

Results: Social media surveillance methods may be categorized into two main areas. Researchers may have direct contact with individuals, such as matching participant medical records to their social media posts. Researchers may also focus on aggregate data that is publically available without direct research participant contact, such as changes in Google search terms or trending Twitter hashtags. Each of these approaches has unique strengths and limitations, and has varying degrees of empirical support. We will also highlight areas of concerns about data validity and applicability to specific populations (e.g., young children compared to adolescents, specific forms of child maltreatment, etc.).

Conclusions: The findings of this review may have important implications for the development of novel child maltreatment surveillance methodologies to generate a more complete picture of the child maltreatment burden.
Development of methods for continuous child maltreatment surveillance - Lessons from the Canadian pan northern administrative data project

Ms. Bryany Denning (Child and Family Services - Northwest Territory), Dr. John Fluke (University of Colorado School of Medicine), Mr. Adam Filleul (Birdseye, INC), Dr. Lil Tonmyr (Public Health Agency of Canada)

Objective: Administrative data are a fundamental source for researchers and policy makers concerned with child maltreatment and its correlates. The Canadian northern territories have been engaged in a collaborative effort to consider whether it is possible to improve territorial administrative data capacity, data utilization, and the potential to develop a consistent maltreatment data collection framework. The objective of this presentation is to highlight key lessons learned from this feasibility assessment process.

Methods: A review of current child protection systems in Canada was undertaken in order to assess the current status of the systems and their successes and challenges. In addition, a series of meetings were held with key stakeholders in the pan-northern territories to assess their child welfare information system capacity development, needs for data, and jointly formulate a potential minimum data set.

Results: The presentation will address the status of the project and the results of the feasibility process. In particular, it will highlight the review of the status of information system development in Canada generally, and the status of data collection systems development across the Pan-northern territories. The presentation will describe the ongoing data development work in the Territories, the lessons learned, and planned next steps.

Conclusion: Like other countries Canada has a social services infrastructure based on local authorities administered and funded by territories and provinces, creating challenges in developing a national system for data collection. The pan-northern project presents an important opportunity to understand the dynamics of how a devolved system of territorial and provincial entities might collaborate in the development of a federal system of child maltreatment surveillance.
Switzerland lacks uniform and therefore comparable data on the institutionally identified and supported victims of child maltreatment. Without uniform data, we do not know how well our system works and if the most vulnerable are identified and served. While stakeholders are generally welcoming the goal of a uniform national data collection on child maltreatment, many agencies will be hesitant to complete lengthy questionnaires in addition to a partially similar documentation for the agency, the canton and umbrella organizations. To overcome work burden as a major threat to agency participation, an ongoing project has addressed the issue in several steps. First, a process to develop shared definitions and operationalization of child maltreatment between research and practice has been initiated. Second, administrators, policy-makers and frontline staff have been included in developing a minimum data set, least common denominator variables that are shared between different agencies in the social, health, and penal sector. Third, to convince policy-makers at the federal level on the benefits and feasibility of a national surveillance instrument, anonymous excerpts from the agencies’ internal documentation of cases will uploaded to a secured web-infrastructure and adapted to fit the minimum data set’s operationalization. This will allow for identifying gaps in service provision for maltreated children between different sectors and cantons.
Neglect, Failure to Thrive or a denied disability? Fetal Alcohol Spectrum Disorders (FASD) and the need for Recognition, Screening and Care Planning in child welfare settings.

Monday, 29th August - 13:15 - Workshop 1 - Workshop

Mr. William (Liam) Curran (INDI PhD Student Young Adult and Alcohol Research lab Department of Psychology, Concordia University & Child and Family Research Centre (CFRC), McGill University, Montreal)

Objectives: Fetal alcohol spectrum disorders (FASDs) are preventable birth defects directly linked to consumption of alcohol during pregnancy, resulting in a significant public health cost and an unseen burden on the child welfare service. Social Work professionals are key to (1) primary prevention of FASDs through working with women of childbearing age, and, (2) secondary prevention through working with affected individuals whose lives can be greatly improved with knowledge based interventions.

Materials and methods:
This work relates to three elements of information gathering to advance knowledge on screening for FASD in child welfare Interventions.
1. Literature review of contemporary publications relating to child welfare and FASD, and completion of policy brief for local provincial child welfare personnel developed at McGill University, Montreal, Canada
2. Data generated from a small pilot project with child welfare social workers working in intervention and assessment roles in two international settings
3. Data generated from a CPD education day of child welfare social workers in UK practice, held in London, United Kingdom

Results: Evaluations from the 3 domains listed suggest that training, education and policy development concerning FASD screening tools is sought by social work professionals, in order to properly respond to the needs of individuals living with an FASD. The data suggests that there is an increased need for awareness of the lifelong disability of FASD and the complex problems faced by social work professionals in responding in a professionally competent manner to the needs of those living with an FASD or suspected of having an FASD and their family

Conclusion: Findings suggests there is a need for regular screening for FASD to be undertaken on entry to state child welfare services. Equally, participants call for greater professional education on FASD at both undergraduate and postgraduate education.
Little cub: Preventing suicide in Aboriginal children

Monday, 29th August - 13:15 - Workshop 2 - Workshop

Mr. Robert Olson (Centre for Suicide Prevention), Ms. Suzanne Mcleod (Centre for Suicide Prevention)

It is recognized that in some Aboriginal communities there is a growing incidence of suicidal behaviour among children aged 12 or younger. The Little Cub workshop addresses this issue by providing suicide prevention training for caregivers and professionals working with Aboriginal children in this age group.

This condensed session of the Little Cub suicide prevention workshop will be an overview of the full program. Areas that will be addressed are: Aboriginal historical experiences (including the effects of intergenerational trauma, the impact of residential schools and the “sixties scoop”); a child’s understanding of death and ways to communicate with children about suicide; identifying protective and risk factors of Aboriginal children and understanding their relationship to the medicine wheel (an Aboriginal holistic view of the world which interprets the physical, mental, emotional and spiritual aspects of living and the world as interrelated). Further, identifying warning signs and creating a safety plan using culturally relevant approaches for those working with Aboriginal children at-risk of suicide will be demonstrated.

The participatory/active learning component will consist of a description of one child’s story and the corresponding protective and risk factors. Participants in the session will be invited to create a safety plan for the child.

At the end of the session, participants will be able to identify the unique protective and risk factors that Aboriginal children experience in relation to suicide and suicide-related behaviours. They will also be able to create a safety plan for these children.
In Scotland, like many other countries, outcomes for young people ageing out of public care remain disproportionately poor across a range of measures compared to the general population. Research by CELCIS in 2014 informs that despite research knowledge, policy, guidance and legislative drivers, Aftercare support for care leavers in Scotland remains variable and inconsistent. Recent legislation in Scotland has acknowledged the ongoing bureaucratic, structural and cultural barriers which impact on young people leaving care, with increased attention paid to the age at which young people transition out of care placements and their ongoing support needs into adulthood.

The ‘Scottish Care Leavers Covenant’ is the product of an ‘Alliance’ of over 30 national organisations, and aims to close the implementation gap between policy and practice for care leavers into adulthood. Led by CELCIS and launched in October 2015, it is designed to support Scotland’s Corporate Parents to address inconsistencies in practice and close the outcomes gap.

Informed by research evidence, existing good practice, practitioner experience and importantly the voices and views young people, the Covenant promotes an ‘Agenda’ that offers key agencies a range of practical actions to improve practice across a number of critical policy areas.

This workshop offers participants the opportunity to learn about recent legislative and policy changes in Scotland, the development of the Covenant and the Agenda for Change, highlighting the importance of cross-sector, multi-agency collaboration. The session will reference the challenges of implementing policy for young people ageing out of public care, drawing on the ongoing and developing learning available from the Scottish experience. It will include overview presentation, opportunity for discussion, and plenary feedback. Engaging participants in this way will enable them to consider how they may develop a similar approach within their own locale, and to share this learning across policy themes and settings.
Early, open, often: Helping families talk to their children to prevent sexual abuse

Ms. Tonje Molyneux (Committee for Children)

It’s completely normal to be embarrassed and nervous at the idea of talking to kids about safety for private body parts. So it’s no wonder that these conversations are not happening in many homes around the nation. But families play a crucial role in protecting children from sexual abuse. And there are ways that you can help engage and educate families so that they can begin that difficult conversation. By engaging and educating these powerful allies, you can bolster your prevention and intervention efforts.

In this workshop, participants will first learn about the strong research base that places families at the center of effective child sexual abuse prevention. They’ll discover best practices for engaging and educating families about how to talk to their children about sexual abuse from an early age. Participants will also explore and practice strategies to reach families using the array of free resources introduced during the workshop.

Some effective strategies covered will include:

- Meetings, for example offering orientation activities or open houses that include a presentation about the school’s child protection strategy and an opportunity to see the personal safety lessons, if applicable
- Letters, for example sending home informational letters that describe what their child is learning in the personal safety lessons, if applicable
- Handouts, for example providing activities for families to use to practice personal safety skills at home with their child
- Webpage, for example hosting a page on your site with your child protection strategy and links to local, state, and federal child abuse and neglect prevention resources
- Discussion groups, for example providing space for hosting parent- or staff-facilitated discussion groups about child safety and protection
- Library, for example offering books for families to check out and read with children
Collaboration and community connections: Working together to keep our children safe

Mr. Elden Block (Alberta Human Services)

The safety and well-being of all Alberta’s children, youth and families is not the responsibility of any one single agency, professional group or government, but rather is a shared community concern. Community partnerships bring child intervention services together with agencies, service providers, concerned neighbors, family members and community to help prevent children from entering Alberta’s Child Intervention system and to provide families at risk or in crisis with access to culturally appropriate services and supports.

Through collaborative practice and meaningful community connections Alberta’s Child Intervention System is adapting their policies, programs and practices to engage families’ natural support systems and increase community involvement in providing support to families and the creation of safe, healthy environments for children to thrive.
A psychosocial understanding of child sexual abuse disclosure among girl children in South Africa

Prof. Shanaaz Mathews (University of Cape Town), Ms. Natasha Hendricks (South African Medical Research Council), Prof. Naeemah Abrahams (South African Medical Research Council)

Child sexual abuse is endemic in South Africa, driven by high levels of gender based violence and underscored by structural and social factors. This paper aims to develop an understanding of the process of disclosure in a sample of children and their caregivers.

Methods:
In-depth semi-structured interviews were conducted with 31 children, aged 8 to 17 years and their caregivers at three intervals after presentation to a sexual assault treatment centre.

Findings:
Nearly half of the children failed to disclose the sexual abuse immediately, fearing caregiver reactions. Most children purposefully disclosed to a confidante through a process of identifying an intermediary to tell caregivers on their behalf. The process of disclosure was influenced by multiple factors such as; a fear of the caregiver’s reaction and disbelief all related to parental style. Disclosure was found to be a dynamic process that unfolds and not a single or static event, influenced by multiple factors which all impact on recovery.

Conclusion:
Our findings highlight the need to address social norms on sexual abuse, in order to improve responses to disclosure to facilitate post sexual abuse adjustment for the child and the family.
Risks to psychological and emotional health of immigrant children: Perspectives of multicultural workers and implications for policy and practice

Monday, 29th August - 15:35 - Adverse Childhood Experiences - Oral

Dr. Janki Shankar (University of Calgary), Mrs. Zetilda Ellis (University of Calgary)

Children of immigrants are the fastest growing segment of the Canadian population and their health and wellbeing are very significant for Canada's overall progress. Yet many of these children are exposed to emotional and psychological challenges that can have an adverse impact on their health, cognitive development, education and long-term socio economic prospects. This paper reports on the findings of a pilot study that examined the experiences of multicultural community workers who work with immigrant families that are experiencing domestic violence and are involved with the child welfare and protection system. The study aimed to gain the perspectives of these workers on the impact on children of parental conflict and violence and the role of service providers in addressing this issue. The method employed to address the study objectives was focus group interviews using a semi-structured interview guide with multicultural workers of an organization that works closely with child welfare and health care providers. The multicultural workers provide long-term support to immigrant families experiencing conflict and violence. Results highlight that many children are at risk of exposure to prolonged family conflict and violence, in part due to the several challenges that families face and the fear and lack of trust many immigrants have for child welfare and protection services. Implications of these findings are discussed and recommendations for policy and intervention are included as part of the conclusion.

Key words: immigrants, domestic violence, immigrant children
Integrating ACEs into mental health programming for young children

Monday, 29th August - 15:55 - Adverse Childhood Experiences - Oral

Mr. Ryan Clements (Alberta Health Services), Ms. Jennifer Kuntz (Alberta Health Services),
Dr. Alan McLuckie (University of Calgary, Faculty of Social Work)

Felitti and colleague’s (1998) work at Kaiser Permanente underlined for children’s mental health specialists that Adverse Childhood Experiences (ACEs) pose significant risk for long term negative health outcomes, including chronic obstructive pulmonary disease (Anda et al., 2006), depression (Spinhoven et al., 2010), substance abuse (Anda et al., 2002) and suicide (Brockie et al., 2015; Cluver et al., 2015; Dube et al., 2001). Recognizing the priority for trauma-informed practice, the teams of Alberta Health Services, Child and Adolescent Mental Health Programs (CAAMHP) are integrating ACEs into their assessment protocols, as well as systematically collecting data on ACEs pertaining to their program users in order to better inform their clinical practice. The objectives of this oral presentation include a) reviewing the current state of the research literature linking ACEs and mental health outcomes, including how genetic vulnerabilities to children’s mental health issues may interact with ACEs, b) discussing emerging results from program evaluation data examining ACEs questionnaire scores for a sub-sample of CAAMHP service users in relation to diagnoses and other measures of mental health and wellness and c) discussing how one clinical team (i.e., early years 0-5 program) at CAAMHP has successfully integrated ACEs into their assessment procedure and how this informs the clinical practice of their team.
Building Community Resilience in Aboriginal and Indigenous Communities

Monday, 29th August - 15:15 - Working in Aboriginal Cultures - Oral

Mr. Michael Pecic (In Safe Hands Educators In Safety Pty Ltd)

Programs and study surrounding breaking the cycle of abuse and violence are nothing new in today’s world! Many of these programs concentrate on systemic problems surrounding alcohol and the link with violence.

In Safe Hands were able to develop a training package for schools and child care centres in Aboriginal communities in far north Queensland which centered on not only arming children with skills, language and understanding to be able to communicate effectively, but also providing these skills to adults within the community who are seen as role models.

Rather than masking issues with curfews or alcohol bands, which do not change generational behaviour, the program centered on empowering harm minimization, community pride and sustainability.

Whilst there is no doubt there needs to be control around alcohol and abuse within communities to address unsafe situations, only when this is combined with long term health and social training will an effective and meaningful result be achieved within communities everywhere.

Instill a message of character, “do what is right, not what is easy!”
Communication, indigenous culture and participatory decision making amongst foster adolescents

Prof. Gideon De Wet (University Fort Hare), Dr. Ulene Schiller (University of Fort Hare)

This paper analyses the experiences of adolescents in foster care placement with specific reference to participatory decision making in an indigenous African cultural context in South Africa. The emphasis is on the voices of foster adolescents in an indigenous African cultural context and their experiences of inequality when communicating and expressing opinions. The theoretical framework adopted was Interactional Communication Theory (Watzlawick, Beavin and Jackson, 1967) in which individuals interact through the use of symbols to co-create and interpret meaning (Wood, 2004:9–11). This theory incorporates some elements of systems theory (Von Bertalanffy, 2003) with the emphasis on the interrelatedness quality as integral to the communication processes.

A qualitative exploratory research study was done with 29 adolescents in foster care. Semi-structured interviews were conducted with 13 adolescent participants and as well as enriching the data with two focus groups consisting of eight adolescents in each group. Findings indicate a lack of openness of the foster care system in terms of the communication approach, international covenants and legislation that was used. The approach used was not based on interactional practices and perpetuated inequalities amongst adolescents. Also, the socio-cultural context of the foster family played a major inhibiting and determining role for adolescents regarding the level of free and open communication in their placement pertaining to decision making.
Living miyo-pimat’siwin (the “good life”) among Indigenous people in Edmonton- Culturally grounded outcomes in Aboriginal child welfare

Monday, 29th August - 15:55 - Working in Aboriginal Cultures - Oral

Dr. Ralph Bodor (University of Calgary), Dr. Avery Calhoun (University of Calgary), Ms. Amanda McLellan (University of Calgary), Mr. James Shawana (University of Calgary), Dr. Leona Makokis (Blue Quills First Nation University)

To date, there has been a significant over-representation of Western worldviews in the development and delivery of child intervention programs serving Indigenous people, leading to culturally incongruent service for this population. In Alberta, child intervention is delivered through an outcome-based model and our project sought to uncover culturally grounded outcomes, as defined by the Indigenous community. We did this through conversation and Sharing Circles, with youth, adults and Elders, who identified as living miyo-pimat’siwin (the “good life”). We inquired about their successes, challenges and perspectives on life in Edmonton. This project was conducted using traditional knowledge-seeking practices, or Indigenous Research Methodologies, which are guided by protocol, ceremony and the wisdom of an Elder. Cloth and Tobacco were offered to participants to respect and honour their contribution. We believe this approach allowed us to build relationships and truly hear the voices of our participants. Our conversations reflect the wealth of knowledge within and the resilience of this community.

We found Indigenous people in Edmonton demonstrate enduring commitment to culturally based knowledge and ways of living despite facing challenges to do so. For many participants, ties to cultural practices make a critical difference in efforts to thrive in urban settings and to heal from historical atrocities. Our participants tell us that culture informs all aspects of life, and this should be reflected in all services.

Indigenous ways of knowing and culturally grounded outcomes offer different perspectives to child intervention and this project lays the groundwork for inclusion of Indigenous worldviews when working with Indigenous people. Outcomes for Indigenous children look different when considered through Indigenous worldviews, particularly involving extended family, spirituality, ceremony, history, resources, education, and ways of life. Our presentation tells the story of our project, and the preliminary outcomes identified through hearing the stories of those living miyo-pimat’siwin.
Carer engagement as a key determinant of quality in out-of-home care

Tania Withington (Queensland University of Technology), Dr. Judith Burton (Queensland University of Technology), Dr. Bob Lonne (Queensland University of Technology), Dr. Areana Eivers (Queensland University of Technology)

Objectives: This study investigated perspectives of foster carers regarding factors influencing placement trajectories of children living in out-of-home care in Queensland, Australia.

Methods: The study sample included 21 male and female carers with an average of 31 years’ experience in providing out-of-home care. Participants were recruited using a non-probability sampling strategy chosen to facilitate access to a hard to identify social group across a large geographical area. Study data were collected from 45-90 minute semi-structured telephone interviews in which carers were asked to share their experience of factors that impact on placement stability and placement movement. Carer responses were analysed thematically.

Results: Data analysis yielded a key area of influence over placement trajectory: Carer engagement, and three subthemes: engagement with the child; engagement with the child protection system; and, engagement with the caring role.

Conclusions: The engagement of carers at individual, family and systemic levels simultaneously is a critical example of the influence of complex relationships on placement trajectories in out-of-home care. The concept of ‘fit’ appears to be a moderating factor in this context, where fit refers to the ability of the child to form relationships, to integrate into a family structure and culture, and to emotionally connect in a meaningful way. The concept and experience of uncertainty appears to moderate carer engagement, undermining ‘fit,’ and negatively influencing placement outcomes. Successful out-of-home care placements appear to require a system that values and nurtures relationship across every level of the system aiming to build safety, stability and security for each child. The study findings provide an argument for the development and implementation of child protection policies that involve carers in decision making at systemic and individual levels.
Lessons Unlearned: the experience of siblings in out-of-home care in Australia

Monday, 29th August - 15:35 - Out of Home Care - Oral

Dr. trish mccluskey (Berry Street Victoria)

Australia has an unfortunate history of its treatment of Indigenous children, child migrants and the "Forgotten Australians" those children institutionalised en masse in the 20th century due to family poverty or being from sole parent families. What are the lessons learned in our approach to child protection beyond the national apologies which recognise the inter-generational impacts of these policies? Sadly the lack of recognition of the rights of siblings in out-of-home care in Australia suggest little has been learned. New legislation in a number of states for quicker “permanent” care does not mandate co-placement or even contact, no laws, policies or precedents suggest siblings in care actually have rights in Australian law.

Why are siblings such shadowy figures in child protection? Why when describing “family” do we automatically think of parents and not siblings when for many abused and neglected children siblings may be their family figures. Why does attachment theory not consider that siblings may be primary attachment figures? Why are siblings so neglected in family therapy?

This presentation ( whether oral, workshop or symposium) will discuss the contentious issue of the most under-researched and over-looked relationship that abused and neglected children may have: that with their siblings. It will detail twenty years of research asking Australian siblings who were in out-of-home care how they experienced being with or apart from their siblings. Most importantly it will challenge those working with children and adolescents in care to think about our unconscious assumptions about what family really means and why we may be ignoring a child’s most significant, protective and enduring relationship?
Mapping the needs of kinship providers: A participatory approach

Monday, 29th August - 15:55 - Out of Home Care - Oral

Dr. J. Jay Miller (University of Kentucky)

Background

Despite the growing dependence on kinship care providers, research in the area of kinship care has not kept pace. Notably absent are studies that examine conceptual differences in the needs of formal kinship providers, when compared to informal providers (Lin, 2014).

Objectives

This study utilized a sample of kinship providers (N = 119), and was guided by two distinct, yet interconnected queries: (1) How do kinship providers conceptualize their needs pertaining to having successful kinship placements; and, (2) Is there a difference in the way that informal kinship providers prioritize these needs when compared to formal providers? The foci for this study were selected based on limitations in the current literature.

Method

To meet the objectives of this study, researchers employed a participatory, mixed-method research methodology known as Concept Mapping (CM). The researchers analyzed qualitative participant data via multidimensional scaling and hierarchical cluster analyses. Through these analyses, visual depictions of the data were generated. These depictions allowed the researchers to explore complex relationships among the data.

Results

Results indicate that kinship providers conceptualize their needs via a multi-cluster solution, or Concept Map. Additional analyses found significant differences in the way that formal kinship providers conceptualize these needs, when compared to informal providers, specifically in areas of finance and access to legal services.

Conclusions

To best understand the lived experience of kinship providers, researchers should utilize participatory methods that leverage the voice of these providers. As well, studies should examine needs for specific groups of kinship providers (formal vs. informal), and not assume a “one size fits all” approach. Participants who engage in this presentation will: understand study findings; and, consider CM a viable, rigorous research method for incorporating the voice of kinship providers in service and policy considerations.

Reference

Making bad and mad mothers: Domestically violent men’s accounts of assaulting women as mothers

Dr. Susan Heward-Belle (University of Sydney)

This paper examines the ways in which domestically violent men assault women as mothers and their mothering. Drawing on quantitative and qualitative data gathered from in-depth interviews with 30 Australian men who had perpetrated domestic violence, this paper reports their accounts of using this tactic. The study found that this tactic is a particularly pernicious form of gender-based oppression grounded in hegemonic representations of the “good mother”. Assaults on women as mothers and their mothering is an under-recognized and under-theorized tactic deployed by domestically violent men to exert power and control over women and children. Raising awareness of private and public assaults on women as mothers and their mothering is a critical step towards countering oppressive constructions of women mothering through domestic violence. This would help women and children untangle mother blame and lead to child protection practices that help women and children stay “safe and together.”
The United Nations Convention on the Rights of the Child calls for a child rights-based approach to address family and domestic violence so that: vulnerable children are protected; children’s best interests are prioritised; the views of children are respected; and prevention measures consider impacts on children’s development.

Exposure to family violence is increasingly understood to have harmful impacts on children, both short and long term, and is a key driver of entry into care and protection systems in Australia.

An examination of intentional self-harm and suicide among children conducted in 2014 by Australia’s National Children’s Commissioner, revealed a link between children’s exposure to family conflict and self-harming behaviour. A subsequent investigation was undertaken into the impact of family and domestic violence on children in 2015.

The studies involved voices of children and young people themselves, including information from a national children’s helpline. Coexisting concerns about family relationships were present in 19.2% of calls to the helpline about self-harm and in 17.2% of calls about suicide. Of contacts specifically concerning family violence, 34% were from children 10 to 13 years of age.

Further, it is estimated that 1 in every 12 Australians first experienced physical abuse and 1 in every 28 first experienced sexual abuse as a child before the age of 15, perpetrated by a family member, and that a quarter of children have witnessed violence directed at their mothers.

Combined, these pieces of research highlight the widespread and profound effects of family violence on children – as victims, witnesses and bystanders.

This presentation will outline key findings, policy and research implications, and point to areas of promising practice. A public health approach to family violence that prioritises the unique needs and rights of children is recommended.
The impact of domestic violence on children under five years of age

Dr. Stephanie Holt (University of Dublin, Trinity College)

Objectives: Empirical understanding of the impact of exposure to domestic violence on children has been largely focused on middle childhood and adolescence, with a minimal focus on very young children. Evidence further attests to the importance of early childhood experiences to an individual’s later development, while concurrently, knowledge on the timing of onset of violence in intimate relationships informs us that pre-school children are at a high risk of experiencing domestic violence in their households. This research is therefore interested in examining the impact of exposure to domestic violence on pre-school children, a time that has important impacts on later development.

Methods: Utilising a fictitious three-stage vignette which spans an 18 month period and reflects on a family experiencing domestic violence who have children under five, focus group interviews are conducted with frontline practitioners who specifically engage directly with such families. These include health visitors, family support workers, child protection social workers and medical staff working in paediatric and maternity settings. The same vignette is employed with each homogenous group of professionals.

Results: The emerging findings highlight both the deleterious impact of such exposure for children’s development and the critical importance of sound clinical practice, grounded in an acute understanding of the dynamics of domestic violence; interagency relationships and support and early years interventions in order to scaffold not only the child but also the family in order to buffer the impact of domestic violence.

Conclusion: This study highlights the acute vulnerability of this age cohort who are entirely dependent on the adults in their lives for care, protection, love, warmth, stability and safety; the importance of early intervention, and how variable professional understandings of the impact of domestic violence in children’s lives has for the critical responses professionals make and the interventions provided.
“We’re doing lots of things, but I’m not convinced they’re the right things”: Perspectives on Children’s Rights for Child Victims of Sexual Offences in the UK

Monday, 29th August - 15:15 - Human Trafficking - Oral

Prof. Helen Codd (University of Central Lancashire)

This paper draws on the findings of a research project which included qualitative focus-group research with a range of professionals working with child victims of sexual offences in the UK. The research formed part of a UKIERI-funded joint project which has been conducted jointly by the University of Central Lancashire (UK), and Manonmaniam Sundaranar University (India). The project aimed to outline, assess and evaluate the extent to which children’s rights are protected, promoted and maintained in the context of sexual offences.

This paper will examine the UK professionals’ expressed views, evaluating critically the extent to which legal and procedural protections of child victims interlink with legal and procedural provisions to enforce children’s rights. A core challenge is that, over the last thirty years, awareness of CSA has become much more widespread, with police and other criminal justice system professionals receiving comprehensive and relevant training. Other, emergent forms of abuse, such as CSE and online abuse and exploitation, are now receiving similar amounts of attention. The key problem as identified by the professionals is that now there are many initiatives which aim to assist child victims, especially in relation to encouraging reporting and giving evidence in court, but there is less evidence that this provides the most appropriate response to the needs of child victims themselves, and the multiplicity of responses means a lack of a joined-up co-ordinated focus. In addition, the extent and nature of the legal status of children’s rights in the UK is a matter of ongoing debate. The paper will outline the results of the focus group discussions, highlighting the issues and concerns raised, and identify future avenues for research and policy development.
Taking care of the caregivers: The psychological health and wellness of online child sexual exploitation employees

Monday, 29th August - 15:35 - Human Trafficking - Oral

Dr. Roberta Sinclair (Royal Canadian Mounted Police, Carleton University), Ms. Kristin Duval (Royal Canadian Mounted Police)

Policing has been identified as a particularly stressful occupation world-wide (Wiese et al., 2003). Police officers are exposed to operational stressors (e.g. traumatic events) and organizational stressors (e.g. staff shortages and increase in workload), and as a result, may experience a range of stress induced symptoms. While there are vast amounts of literature on the stress response of police officers who have experienced trauma stemming from critical incidents (i.e. officer-involved shootings), there is less research devoted to chronic stressors (such as continuous exposure to child sexual exploitation material), even though these can have as devastating effects on an officer’s physical and psychological well-being (Burns et al., 2008; Holt et al., 2012).

Online child sexual exploitation investigation is a fairly recent area of specialization; many law enforcement agencies worldwide are now devoting specific taskforces to investigate these crimes. Additionally, multiple countries have established hotlines (i.e: tiplines) wherein many employees are tasked with reviewing child sexual abuse materials. Maintaining an employee’s health and wellness is vital to the individual, the agency, and to the larger community to serve and protect one of our most vulnerable populations, our children. Employees within these specialized units are often required to view/listen to materials which depict the sexual exploitation of children, in an effort to identify and locate victims and offenders, and to establish jurisdiction and obtain evidence for prosecution. Limited research has been conducted on these employees and the potential stressors they may experience as a result of the nature of this work.

The presentation will: provide an overview of the unique work environments of those involved in the area of online child sexual exploitation; examine some successful coping strategies; and, introduce the Virtual Global Taskforce international health and wellness research study (lead by the presenters).
Human trafficking meets healthcare: An opportunity for intervention

Monday, 29th August - 15:55 - Human Trafficking - Oral

Dr. Jordan Greenbaum (International Centre for Missing and Exploited Children)

Objectives: The common perception of sex trafficking is of a major legal and social problem that falls within the purview of law enforcement and social services. Yet sexual exploitation has important physical and mental health consequences that impact victims, families and the public at large. Health care professionals (HCPs) are very likely to encounter victims of trafficking: one study of sex trafficking survivors indicated that nearly 88% had sought medical care during their period of exploitation. Thus, HCPs need to recognize human trafficking as a public health issue that requires a multifaceted healthcare response. At the conclusion of this workshop HCPs will

1) Recall the definition of sex trafficking and describe which populations are at highest risk,
2) Describe how victims may present for medical care
3) Recall 3 aspects of a trauma-informed approach to patient care.
4) Describe 2 strategies for working with patients and families to prevent victimization

Methods: Didactic, case examples, audience participation (large group)

Results/Conclusions: In this workshop we will discuss the definition and epidemiology of sex trafficking and talk about the circumstances under which health professionals may encounter victims. Using case examples and audience participation we will discuss ways to approach possible child victims, or the exploited parents of pediatric patients. We will talk about potential challenges regarding privacy, confidentiality, safety and traumatic stress. We’ll discuss ways HCPs can work with county agencies and non-profit service providers to meet the varied needs of victims and advocate for a victim-centered approach to care. And we will describe ways HCPs can target high risk populations with simple prevention techniques, ranging from child sexual abuse prevention to internet safety.
Utilising compassion focused therapy to heal the wounds of severe parental neglect within the context of Bedouin-Arab polygamous family structure

Monday, 29th August - 15:15 - Innovative Interventions - Oral

Dr. Itzhak Lander (sapir college)

This paper explores the potential contribution of compassion focused therapy (CFT) to healing the wounds of severe parental neglect and represents an early attempt to apply this innovative therapeutic modality to the field of child maltreatment. A series of 6 case studies highlights the processes and techniques of CFT in the treatment of severe paternally inflicted emotional injury within the context of Bedouin-Arab polygamous family structure.

Compassion has recently gained increased scholarly interest. It refers to a sensitivity to the suffering experienced by self and others with a quality of kindness, non judgement, and a desire to reduce suffering. Much evidence indicates that compassion is related to a wide range of positive outcomes. In the past decades several related treatment approaches have been developed to specifically and directly target compassion. One of these, Compassion Focused Therapy, focuses on developing a warm, kind, and accepting attitude towards the self and others in order to counteract anger, shame, isolation and aggression. CFT integrates influences from cognitive behavioural theories, affective neuroscience, Buddhism, and attachment theory. It combines psycho-education on human emotional functioning with specific cognitive, behavioural, mindfulness, and compassion focused imagery exercises that foster self care in the form of compassion for self and for others.

The term Bedouin-Arab typically denotes those Arabic speaking tribes found in middle eastern countries, including Israel. Bedouin-Arabs have lived in Israel for two millennia, with approximately 120,000 living in the southern Negev region. Polygamous family structure, permitted by the Koran, where a man has up to four concurrent wives, is common. This family structure has been associated with severe functional difficulties. These have been largely attributed to conflictual relations that tend to develop between co-wives and their children over the resources of the husband. Junior, or subsequent wives, and their children, are often favoured by the husband whereas the needs of the first wives and their children, are frequently severely neglected.

The negative effects of polygamous family structure appear especially severe for children, especially those of senior wives, who have been found to experience impaired academic achievement, increased aggression and anti-social behaviours as well as higher levels of a verity of mental health issues.

In the 6 case studies presented CFT is utilised to assist the healing of adolescent boys who experienced severe paternal neglect within their polygamous families. CFT facilitated an increase in self compassion, and was related to improvement in school attendance and performance as well as a reduction in delinquent behaviours. Factors that may increase the contribution of compassion focused therapy in multi-cultural settings with diverse populations are indicated.
Improved response to the needs of children in situations of neglect?

Monday, 29th August - 15:35 - Innovative Interventions - Oral

Dr. Carl Lacharite (Université du Québec à Trois-Rivières), Mrs. Danielle Lessard (Université de Montréal), Dr. Louise Lemay (Université de Sherbrooke), Dr. Sarah Dufour (Université de Montréal)

The situations of child neglect present complex challenges in order to ensure an adequate response to the children’s needs. One challenge concerns the building of a shared understanding of the developmental needs of children among various persons who act in their lives (in particular, parents and frontline workers). The use of an ecosystemic assessment framework and of clinical tools to support a form of analysis of the children’s needs that facilitate this sharing of responsibilities represents a key strategy in situations of child neglect. An applied research has focused on the implementation of such a strategy with various local authorities involved with families where child neglect is corroborated or suspected. The purpose of this communication is to examine the attainment of intervention goals (measured with the Goal Attainment Scaling adapted to the context of this study) among a set of families cases with whom such an approach has been tested on a 12-18 month period. A cross-case study was conducted with 22 children, their parents and their lead social care workers. The cases are spread over six local areas of the province of Quebec (Canada). The social care workers participating in the study were trained to use the ecosystemic assessment framework and a tool (Core Assessment) intended to produce a shared understanding of children’s needs among themselves, the parents and the other workers involved with the families. The results focus on the links between the attainment of intervention goals and various aspects of the assessment and intervention process. The discussion addresses the need to implement practices based on an ecosystemic approach that focuses on the developmental needs of children (rather than parents’ deficits) and practices that actively support the sharing of responsibilities in order to improve the response to the children in situations of neglect.
What helps children tell? A retrospective file analysis

Monday, 29th August - 15:55 - Innovative Interventions - Oral

Dr. Rosaleen McElvaney (Dublin City University), Mr. Keith O’reilly (Children’s University Hospital), Dr. Rhonda Turner (Our Lady’s Children’s Hospital), Dr. Betty Walsh (Tusla), Ms. Aisling Costello (Dublin City University), Ms. Katie Creighton (Children’s University Hospital), Dr. Suzanne Guerin (University College Dublin)

Objectives: This study aims to test a conceptual model of child sexual abuse disclosure developed by the first author that describes the disclosure process and the facilitating and inhibiting influences on this process. In particular, the study aims to identify what helps children tell.

Method: Recent research on disclosures of child sexual abuse has explored the usefulness of extracting information from children’s files about experiences of disclosure rather than interviewing children for research studies. Rich data has been obtained using this method. This study builds on a pilot study already published. A data gathering template has been developed from a qualitative study conducted by the first author and this is being used to collect data from three children’s service sites (n=230). Data will be analysed using both quantitative and qualitative analysis methods.

Results: It is expected that the study will identify the predominant themes that impact on children’s disclosures and shed light on what factors facilitate early disclosure of sexual abuse.

Conclusion: The study findings will both test the usefulness of the conceptual framework and offer implications for practitioners and parents/carers in helping children disclose experiences of sexual abuse.
Trauma-focused cognitive-behavioural Therapy (TF-CBT) with poly-victimized, complex children and youth

Dr. Carol Brewis (Child Abuse Service, Alberta Children’s Hospital. In Partnership with the Sheldon Kennedy Child Advocacy Centre), Dr. Daniel Garfinkel (Child Abuse Service, Alberta Children’s Hospital. In Partnership with the Sheldon Kennedy Child Advocacy Centre)

Monday, 29th August - 15:15 - Mental Health - Oral

This presentation will summarize an evaluation of the use of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) with children and youth, some of whom experienced multiple forms of child abuse (poly-victimization) and/or complex, developmental trauma (abuse beginning early in life and extending across development). Although TF-CBT is established as an empirically-supported treatment for children who have been sexually abused, less is known about the applicability of TF-CBT with children whose abuse is complex. In the United States and Canada, poly-victimization and complex trauma have been found to occur in approximately two-thirds of child abuse victims, who in turn, experience increased distress and more lifetime adversities than children whose abuse is less complex.

Pre-and post-treatment data will be presented on a sample of children who completed TF-CBT in our clinic, many of whom have comorbid mental health conditions in addition to Post-Traumatic Stress Disorder. Strained parent-child relationships and family system challenges are prevalent in this sample.

The presentation will outline key learnings obtained through providing TF-CBT to this population. These include:

1) Need for flexibility within fidelity of the manualized TF-CBT protocol;
2) Importance of identifying realistic treatment goals relevant to the impact of abuse;
3) Increased emphasis on caregiver involvement in TF-CBT;
4) Braiding of TF-CBT with other empirically-supported treatments (e.g., to enhance caregivers’ understanding of attachment, to target children’s problematic sexual behaviour); and
5) Access to multidisciplinary service providers, such as psychiatry and family therapy, to meet the clinical needs of this population.

Finally, discussion will occur regarding the realities and challenges associated with conducting a program evaluation within a busy clinical setting primarily dedicated to service delivery.
Experiencing outcomes of single session walk-in therapy

Monday, 29th August - 15:35 - Mental Health - Oral

Ms. Cindy Fang (Wood’s Homes), Ms. Janet Stewart (Wood’s Homes), Mr. Bruce MacLaurin (Wood’s Homes), Mr. Bjorn Johansson (Wood’s Homes)

Objectives: Eastside Family Centre (EFC) initiated an innovative walk-in single session therapy service in the early 1990’s that was designed to deliver prompt, accessible and affordable treatment services to the general public for a spectrum of mental health or behavioral concerns. At that time, a debate existed regarding whether single session therapy could make a significant contribution to the clinical needs of individuals. Twenty-five years later, the debate about the utility and usefulness of brief and single session walk-in therapies continues to wane (McElheran, 2005; Slive & MacLaurin, et al., 1995).

Methods: During Fall, 2012, The Eastside Family Centre and Wood’s Homes Research Department collaborated on the development of an outcomes measurement framework for walk-in single session therapy. Secondary analysis of this data set provides important evidence on which clients with what presenting concerns are more successful with single-session walk-in therapy. In 2015, a follow-up process has been developed in order to determine benefits of the walk-in single session therapy service over time.

Results: This presentation will highlight findings and outcomes based on the clients accessing single session walk-in therapy as well as the development of follow-up of walk-in single session therapy services at Eastside Family Centre. The findings will assist practitioners and researchers in better understanding the needs of individuals and families.

Conclusions: EFC has been the focus of a number of evaluative and research initiatives over the past two decades, and findings suggest that the centre has been successful in providing accessible services. This research has contributed greatly to the growing body of evidence supporting the use of walk-in, single session therapy at EFC, and provides context for understanding what populations are best served with this intervention.
Short-term outcome in children with history of child sexual abuse in India

Monday, 29th August - 15:55 - Mental Health - Oral

Dr. sowmya baskaran (Department of Paediatrics, Kuppusamy Naidu Memorial Hospital, Coimbatore India), Dr. Shekhar Seshadri (National Institute of Mental Health and Neurosciences, Bangalore.), Dr. Shoba Srinath (National Institute of Mental Health and Neuroscience, Bangalore.), Dr. Satish Girimaji (National Institute of Mental Health and Neurosciences, Bangalore.), Dr. John Vijay Sagar Kommu (National Institute of Mental Health and Neurosciences, Bangalore.)

Background: In India, studies on Child Sexual Abuse (CSA) have predominantly focussed on prevalence. Aim: To prospectively examine the course and the short term outcome of children with history of CSA over a period of 12 weeks. Method: 29 children aged 7-16 years with a history of CSA within 12 months prior to consultation were assessed and followed up for a period of 12 weeks. Results: 6 children were asymptomatic and 24 children had at least one psychiatric diagnosis at baseline. 96.5% (N=28) received psychotherapeutic intervention and 51.5% (N=15) received medication. Of the 24 symptomatic children, 75% showed response at 12 weeks and 29% (N=7) showed complete remission at 12 weeks. Overall, the children with history of CSA improved significantly in all measures including total problems scores, measures of depression, anxiety, PTSD and functioning. Depressive disorder was associated with favourable outcome as it remitted in 62% (N=9) of the cases by 12 weeks. PTSD was associated with unfavourable outcome as it remitted only in one of the eight children who had PTSD at baseline. Lesser score on CBCL and higher functioning on CGAS predicted remission. Increase in parental support and decrease in parental emotional reaction was significantly associated with decrease in total problem scores in children. Conclusion: The diagnosis and parental support were factors affecting the outcome. Severity of illness at baseline predicted remission but majority of the children, regardless of severity showed response over a period of 12 weeks.
Consulting children and young people about abuse & danger

Monday, 29th August - 15:15 - Systems Approaches - Oral

Dr. Annabel Goodyear (London South Bank University)

The Help Keep Us Safe Project is a collaborative research project between X University and the YYY Borough Children’s Services. The project will consult two populations of young people living in YYY Borough, London, England. As recent events in Rotherham, England, and elsewhere have demonstrated (Jay 2014), the risks and dangers encountered by children and young people are often poorly understood by those around them.

Key Aims:
1. To explore the opinions of young people living in YYY aged 11-18 about what risks they face and helps to keep them safe
2. To identify key messages on the effectiveness of YYY’s current child protection procedures and to identify areas for improvement, from a service-user perspective

Sample & Method

The project has two participant groups of young people from YYY

- Young people aged 11-18 attending YYY secondary education. The target number of completed electronic questionnaires is 100, with up to 600 pupils invited to participate.
- Young people aged 8-18 who used to be subject to a YYY child protection plan. The target number of completed interviews is 12.

Data Collection

This will take place in January-March 2016. The pilot survey took place in November 2015.

Results

The pilot survey identified groups of men who the female respondents were afraid of. The combination of quantitative and qualitative methods will enable collection of further detail about perceived dangers and the protective processes that might be helpful.

The data will be analysed in April 2016.

Conclusion

The key messages will be presented to the YYY Safeguarding Board, for their consideration in planning service improvements. Adolescents are a high risk and vulnerable safeguarding population. Updating understandings of the risks they face will facilitate the targeting of protective services that are effective and accessible.
Cross-ministry service use patterns of Albertan children and youth receiving maltreatment-related intervention services

Monday, 29th August - 15:35 - Systems Approaches - Oral

Dr. Xinjie Cui (Alberta Centre for Child, Family & Community Research), Mr. Hitesh Bhatt (Alberta Centre for Child, Family & Community Research), Dr. Hesam Izakian (Alberta Centre for Child, Family & Community Research), Mr. Robert Jagodzinski (Alberta Centre for Child, Family & Community Research), Dr. Christine Werk (Alberta Centre for Child, Family & Community Research), Dr. Jo Lamba (Alberta Centre for Child, Family & Community Research), Dr. Ozlem Cankaya (Alberta Centre for Child, Family & Community Research), Dr. Ruiting Jia (Alberta Centre for Child, Family & Community Research), Dr. Adam Easterbrook (Alberta Centre for Child, Family & Community Research), Dr. Leslie Twilley (Alberta Centre for Child, Family & Community Research)

Objectives: The Child and Youth Data Laboratory (CYDL) links administrative data across government ministries to provide new insights into determinants and outcomes for children and youth, including those receiving maltreatment-related intervention services in Alberta, Canada. Longitudinal investigations of service use patterns inform policy development, resource allocation, and service coordination and delivery across ministries. The CYDL engaged partnering ministries in all phases of the research to ensure methodology and findings were best suited to inform policy and program development.

Method: Service use data were collected for children and youth aged from 0 to 22 years old who received maltreatment-related intervention services between 2006 and 2011 in Alberta. These data were linked across more than twenty child- and youth-serving programs from five Government of Alberta ministries (Advanced Education, Education, Health, Human Services, and Justice and Solicitor General). Linkage rates were based on the populations of overlap between the intervention program and other programs. The patterns of non-matches were also studied to provide further insights.

Results: The program overlap matrix presents the proportions of individuals receiving maltreatment-related intervention services who also received services from other programs, such as income support or child care subsidy. Conversely, the matrix shows the proportions of individuals involved in other programs who received the maltreatment-related intervention services.

Conclusions: The program overlap matrix helps partnering ministries describe and understand the extent of overlap across services for children and youth who were maltreated. It also provides insights into transitions between services. The matrix informs cross-ministry policy and program development and evaluation for Alberta’s children and youth.
Beyond families: Contextual approaches to safeguarding young people from peer-on-peer exploitation and abuse

Monday, 29th August - 15:55 - Systems Approaches - Oral

Dr. Carlene Firmin (University of Bedfordshire)

Objective
In the UK a third of child sexual exploitation cases are peer-on-peer. This study sought to explore the implications of applying ‘contextual safeguarding’ theory when responding to the phenomenon. Contextual safeguarding theory recognises that peer-abuse escalates in public contexts such as parks, schools and peer groups, and requires practitioners to identify, assess and intervene with escalating risks in these environments. In doing so it extends child protection practice beyond familial contexts to better safeguard adolescents.

Method
The study was undertaken in eleven multi-agency partnerships (sites) across England in two phases. During phase one, observations of multi-agency meetings, reviews of strategic documents and practitioner interviews were used to audit whether existing practices engaged with the social environments in which peer-abuse occurred. During phase two, practitioners used the audit to identify practice areas for contextualisation, and researchers monitored their practice adaptation using the same audit the methods.

Results
By applying the principles of contextual safeguarding during phase two, multi-agency partnerships moved beyond familial contexts to assess and intervene with social environments associated to peer-abuse. Practices advanced to include: mapping peer groups to coordinate 1:1 interventions that were being delivered to socially-connected young people; profiling schools associated to trends of peer-abuse; using intervention plans to address neighbourhood-based risk factors.

Conclusions
Contextual safeguarding provides a lens through which to recognise that child and family interventions are insufficient to address peer-abuse, when this phenomenon is largely associated to social environments that are beyond parental control. Adaptations made in participating sites call into question the relevance of UK child protection policies that are yet to recognise the importance of social environments in safeguarding young people. Such learning is transferable to any country where child protection policies primarily engage with abuse in familial contexts while peer-abuse presents a risk of significant harm in public spaces.
‘Keep us safe’: Insights from young people about the risks they face in London, England

Monday, 29th August - 15:15 - Young People and Technology - Oral

Dr. Annabel Goodyer (London South Bank University), Dr. Andrew Whittaker (London South Bank University)

In the UK, a recent high profile inquiry into child sexual exploitation has demonstrated that the risks and dangers encountered by young people are often poorly understood by those around them. New technologies, such as mobile phones and social networking, can also present fresh risks that are poorly understood by policymakers and practitioners. These risks are often better understood by young people themselves, but research into young people’s perceptions has been quite limited.

2.Objectives:
The study’s principal aims are to:

• Explore the opinions of young people (11-18 years) who used to be subject to a child protection plan about what makes them safe.

• Explore the opinions of young people (11-18 years) in the general population about what makes them safe.

• Improve understanding of risk and identify key messages that can help local authority children’s service improve the safety of young people.

3.Method:
The study had two components:

• Focused interviews with young people in need of protection: Semi-structured interviews with young people aged 8-18 years who have been subject to child protection interventions (sample size 12).

• General population survey: Young people aged 11-18 years from the general population within London completed a survey (sample size 100).

4.Results and conclusions.
Data collection and analysis is on going but early analysis suggests young people can provide us with valuable insights into the risks they face. These challenge dominant discourses of risk within public services, which make implicit assumptions that simplify the complex and changing nature of the risks involved. The paper will also discuss the ethical and methodological challenges involved in the study. The implications for both policymakers and practitioners will be examined and the development of a more child-centred approach to research will be discussed.
**Images across Europe: The sending and receiving of sexual images (sexting) and associations with interpersonal violence in young people’s relationships**

**Monday, 29th August - 15:35 - Young People and Technology - Oral**

Dr. Christine Barter (University of Central Lancashire)

Objective: Although a body of international evidence exists on interpersonal violence and abuse (IPVA) in young people’s relationships, little empirical research has addressed the role and impact of new technologies. This paper will outline the main survey findings from the Safeguarding Teenage Intimate Relationships (STIR) study on the incidence, frequency and impact of sending, receiving and sharing sexual images (sexting) in young people’s intimate relationships and the contexts in which this occurs including IPVA.

Method: A confidential survey has been completed by 4,500 young people aged 14-17 years-old in five European Countries: England; Bulgaria; Cyprus; Italy and Norway. The survey addressed online and offline forms of IPVA. The survey also measured the sending, receiving and sharing of sexual images between both casual and long-term partners and associated subjective impacts.

Results:

Rates of sexting varied considerably between countries

Most sexting was reciprocal - those who sent an image also received one

In most countries the majority of young people, irrespective of gender, who reported sending an image to a partner described a positive impact only

Young women who reported that their image had been shared by a partner reported a negative impact, in contrast the majority of boys reported a positive only impact to having their image shared.

Young women who reported IPVA were also more likely to report both pressured sexting, sharing of images against their wishes and a negative impact.

Conclusions: The paper points to the need for a more nuanced understanding of the varied contexts and experiences around sexting in order to better develop policy, practice and education in this area. The association between pressured sexting, IPVA and gender requires particular attention in preventative programmes.
Objective
The overall aim of study was to provide an in-depth understanding of the impact of new technologies in instigating and maintaining violence and control in young people’s intimate relationships.

Method
This aspect of the study involved conducting 20 in-depth semi-structured interviews with young people aged 14-18 in each of the five European countries: England, Norway, Bulgaria, Cyprus and Italy, to enhance and deepen the results of the survey undertaken in schools. An interview schedule was developed to search for similarities and differences as well as capturing the interconnectedness of various factors. Data was analysed using a thematic framework which is a matrix based method that classifies and organise data according to key themes and concepts introduced in the topic guide as well as the emerging categories.

Results
The qualitative analyses offered an in-depth exploration of the themes that emerged from the data. These included experiences of sexual, physical and emotional forms of IPVA; control and surveillance; sending and receiving sexually explicit images via text, email or through social networking sites; impact of these experiences and suggestions for prevention and intervention

Conclusion
Qualitative findings showed that some young women experienced extensive offline sexual pressure and young women were substantially more negatively affected by IPVA than young men. The data revealed that online space has created new mechanisms of control and surveillance that sometimes intensify the impact of offline abuse. Analysing the data in the light of existing theories of cultural violence and coercive control, we explored both the normalising influence of prevailing heteronormative models of femininity and masculinity as well as young people’s agency to fight back such normalization.
The inverse intervention law: Towards an explanation of inequities in child protection intervention rates in the UK

Monday, 29th August - 15:15 - Epidemiology Approaches with Children and Youth - Oral

Prof. Paul Bywaters (Coventry University), Dr. Geraldine Brady (Coventry University), Prof. Tim Sparks (Coventry University), Ms. Elizabeth Bos (Coventry University), Dr. Lisa Bunting (Queen’s University Belfast), Prof. Brigid Daniel (University of Stirling), Prof. Brigid Featherstone (Huddersfield University), Prof. Kate Morris (University of Sheffield), Prof. Jonathan Scourfield (University of Cardiff), Dr. Will Mason (University of Sheffield)

Objectives:

Recent epidemiological research on child protection rates in England produced an unexpected finding: the inverse intervention law (Bywaters et al., 2015). Affluent local authorities (LAs) overall had much higher rates of children on child protection plans (CPP) or in out-of-home care (LAC) than LAs that were disadvantaged overall, when comparing small neighbourhoods equivalent in socio-economic terms. We outline new evidence to test an explanatory model.

Methods:

The paper is based on two studies of, respectively, a 10% sample of all children in England at 31.3.12, based exclusively in the West Midlands and a representative 12% sample across all English regions at 31.3.15. We analysed data routinely reported nationally, linked with administrative data on demography and neighbourhood deprivation.

Results:

The first study found that a child living in the most deprived 10% (decile) of small neighbourhoods in England had an 11 times greater chance of being on a CPP or LAC than a child in the most affluent decile. However, when comparing equivalent small neighbourhoods between LAs in the top and bottom thirds by overall socio-economic status, LAs in the most affluent third had rates around double those in the disadvantaged third. In this paper, we will report the findings of the second study.

Conclusions:

Inequities in intervention rates are explicable through a model involving both supply and demand factors. The socio-economic conditions of families and neighbourhoods affect the level of demand; while conditions which affect the resourcing and structuring of services are described as supply factors. The new evidence will confirm or modify the inverse intervention law finding and the explanatory model, drawing conclusions for the understanding of child welfare inequities, internationally.

The optimus study South Africa: A national study of child victimization

Prof. Catherine Ward (University of Cape Town), Prof. Lillian Artz (University of Cape Town), Mr. Patrick Burton (Centre for Justice and Crime Prevention), Ms. Lezanne Leoschut (Centre for Justice and Crime Prevention), Dr. Reshma Kassanjee (University of Cape Town)

Introduction: South Africa reputedly has a high rate of child maltreatment, including sexual victimization, but no national figures are available. This presentation will report data from the first nationally representative study of child victimization.

Objectives: (1) To obtain nationally representative data for child sexual victimization, child physical abuse, child psychological abuse, and child neglect in South Africa; (2) To investigate correlates of child maltreatment in this context.

Methods: The 2011 Census enumeration areas were used as the sampling frame: with weighting to ensure that enumerator areas including 15-17-year-olds were more likely to be chosen, a random sample of enumerator areas was targeted for data collection. In each enumerator area, door-to-door random sampling was used to approach 15-17-year-olds, who were invited to participate if a caregiver gave consent; 5-10 young people per enumerator area were interviewed. In addition, a school that served that enumerator area was also approached, and if the principal gave consent and parents did not refuse consent, 30 randomly selected learners in the age group 15-17 were interviewed. Young people were also given the opportunity to complete a short self-report questionnaire. The Juvenile Victimisation Questionnaire was used to assess young people’s lifetime and last-year experiences of sexual victimization. Correlates of maltreatment that were explored included: sleeping density; poverty; presence of biological parents in the home; parent-child relationship; caregiver psychiatric hospitalization; caregiver absence; parental substance misuse; and the young person’s disability status, substance misuse, trauma symptoms, educational problems, and sexual risk behavior.

Results: In total, 9899 young people were interviewed. Lifetime and last-year prevalence data will be presented for the full national sample, for each form of maltreatment investigated. Relationships between each form of maltreatment and the potential correlates will also be presented. Implications for provision of prevention and treatment services will be discussed.
Using administrative data to predict children with multiple reports to child protection

Monday, 29th August - 15:55 - Epidemiology Approaches with Children and Youth - Oral

Ms. Olivia Octoman (Australian Centre for Child Protection, University of South Australia), Prof. Leah Bromfield (Australian Centre for Child Protection, University of South Australia), Prof. Fiona Arney (Australian Centre for Child Protection, University of South Australia), Dr. Mary Salveron (Australian Centre for Child Protection, University of South Australia)

Children and young people, at risk of or experiencing abuse and neglect, are currently cycling in and out of the child protection system and experiencing poor outcomes in many aspects of their lives. Children may be reported to child protection multiple times before a response is provided. Identifying possible points for early intervention for children, who may have as many as 48 reports, is urgently needed to allow for the provision of appropriate support, to reduce the number of reports and burden on the child protection system, and ultimately improve outcomes for children. This study aimed to examine which, of the factors readily extractable from child protection administrative data, are associated with children who have multiple child protection reports. Unit-record longitudinal administrative data was extracted for all children born in 2001, who had been reported to an Australian child protection department between January 2001 and July 2013. Children were categorised into five groups, based on their level of child protection involvement, using the number of reports they had within this time period, ranging from isolated (one report) to extreme involvement (ten or more reports). This paper will present the characteristics and system involvement for the five groups of children and highlight factors that may be used to predict children’s level of child protection involvement. Findings will identify key points for early intervention with children and families and discuss specific risk and protective factors that characterise children with high levels of child protection involvement. Preliminary findings suggest the urgency of early intervention and targeting infants to ensure families receive a timely and appropriate response.
A global perspective to child abuse of the LGBTQ population

Monday, 29th August - 15:15 - Workshop 6 - Workshop

Ms. Toni Cardenas (New York Presbyterian Hospital)

The objective of this presentation is to bring awareness and attention to the abuse that is being committed with the LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) children around the world. This abuse is not limited to physical and sexual. The impact of the emotional abuse, neglect and rejection they suffer, many times by their own parents, leaves deep wounds. Many times their emotional pain and suffering is only silenced by death. This workshop will also be a call to action for professionals and advocates as LGBTQ children are an invisible minority in the child abuse spectrum.

This workshop will address the current situation of LGBTQ children. We will look at issues of child abuse of this population at the hands of parents, institutions, governments and society. Examples of how youngsters in this group are abused every day, in their homes, schools, and streets, by their parents, teachers, fellow students, religious institutions, health care providers and those in a position to protect them will be provided. Alarming data on homophobic crime rates, suicide, runaway, homelessness and bullying will be shared.

How can professionals and others in this field impact and make a difference in promoting acceptance, advocating and protecting this group? How can we, as child welfare workers, raise our voices and concerns for these children? We will look at what works in terms of providing protection and services. Tips on how to recognize and work with these children in an accepting, supporting and sensitive way will be discussed.

At the end of this presentation, attendees will have a different perspective on the silent and invisible suffering these group goes through. Hopefully all attendees will feel a sense of respect and empathy and a sense of urgency to bring these children and their abuse to light in a global context.
Advanced issues in the medical evaluation of the child alleged to have been sexually abused

Prof. Martin A. Finkel (Child Abuse Research Education & Service Institute at Rowan University-Rowan Medicine)

This workshop will provide a detailed overview of the “How to” of conducting a comprehensive medical evaluation of the child who is alleged to have been sexually abused. Participants will learn both foundational and advanced issues that will benefit health care professionals new to the field and those with significant experience.

Health care professionals have primarily focused their concerns over the last 30 years on the interpretation of physical findings that are found in less than 5% of child sexual abuse cases. Many clinicians are uncomfortable talking to children about their victimization and thus limit their ability to formulate a defensible diagnosis. This workshop will help educate clinicians how to obtain medical histories of sexual victimization that are forensically defensible. The presenter will provide examples of ways to comfortably engage children in conversation to obtain the idiosyncratic details that reflect sexual victimization.

In addition to developing skills to evaluate sexual abuse from a medical history perspective the following topical areas will be addressed as well. 1) preparation of the child for and discussion of specific examination techniques, 2) video-colposcopy and photo documentation, 3) normal anatomic variants commonly confused with residual to trauma, 4) differential diagnosis of genital findings and diagnostic challenges, 5) understanding the healing chronology of ano-genital trauma and the difficulties in the retrospective interpretation of the residual to acute ano-genital trauma, 6) the transverse hymenal diameter debacle, 7) differentiating “in from on” to address the discrepancy between a child’s perception of their experience and physical examination findings, 8) forensic evidence, 9) sexually transmitted diseases, and 10) formulation of a defensible medical diagnostic report. Although this workshop will be focused on medical issues it will be of value to child protective services, law enforcement and mental health professionals, enhancing their understanding of the what to expect from medical colleagues.
Integrated model of practice responding to child abuse:
Sheldon Kennedy child advocacy centre

Ms. Jenny Ofrim (Sheldon Kennedy Child Advocacy Centre), Ms. Emily Synnott (Sheldon Kennedy Child Advocacy Centre), Mr. Geordie Simpson (RCMP), Dr. Jennifer MacPherson (University of Calgary/Sheldon Kennedy Child Advocacy Centre/Alberta Health Services), Ms. Glenna Kolback (Calgary Police Service), Ms. Jennifer Jackson (Alberta Health Services), Ms. Linda Shima (Calgary Region Child and Family Services)

In its first 36 months of operations, the Sheldon Kennedy Child Advocacy Centre assessed more than 4,450 infants, children and youth – dealing with all cases of child sexual abuse and the most severe and complex cases of physical abuse and neglect. The not-for-profit Centre, in partnership with Alberta Health Services, Calgary Police Service, Calgary Region Child & Family Services, RCMP, and Calgary Crown Prosecutor’s Office collocates more than 110 professionals to provide an integrated model of practice that has proven to push the boundaries of innovation in the areas of preventing, assessing, investigating and treating child abuse cases.

This Workshop will provide an overview of the integrated and collaborative model of practice developed at the Sheldon Kennedy Child Advocacy Centre (CAC). To help illustrate this integrated response to child abuse, representatives from partner organizations will highlight critical aspects of the Integrated Practice Framework as they are operationalized with the Joint Child Abuse Investigation Team (JICAT) through referral, triage, criminal and child protection investigation(s), medical assessment, crisis intervention, victim services and therapy.

Throughout this Workshop, participants will gain an understanding of the impact of this integrated model of practice on children and families and how the CAC has strived to improve outcomes and build capacity within the community. A Q&A will also be incorporated to encourage participants to share their experiences and development of integrated services in addressing child abuse.

Participants of this Workshop will be provided information on the:

- Vision, mandates and roles within the Sheldon Kennedy CAC
- Principles of CAC Integrated Multidisciplinary Teams
- Joint protocols, procedures and policies
- Outcomes of integrated practice
Child protection errors: How do we learn from the mistakes?

Monday, 29th August - 15:15 - Workshop 9 - Workshop

Dr. Peter Choate (Mount Royal University)

When children die or are seriously injured while under the scrutiny or care of child protection services, media, the public and politicians become outraged. Workers fear such adverse practice events which can lead to over cautious practice or choosing to leave child protection work. The workshop looks at the themes that arise when various forms of public inquiries are examined at an aggregate level. Regardless of jurisdiction, there are many themes that are repeatedly seen. Yet, inquiries are typically focused on what went wrong as opposed to why it went wrong. Little consideration is given to examining what caused the worker to believe that the actions they were taking were at least acceptable. In this interactive workshop, the main themes arising from an aggregate study of public inquiries will be presented. This will be followed by engaging the audience in exploration of the systemic situations which lead to the errors. The goal is exploration of the “why” of practice errors. Participants will be asked to generate possible explanations and then engage in a broader discussion about how the child protection systems can address these concerns. Consideration will focus on a prevention agenda.
Violence exposure in childhood and somatic health complaints in early adulthood

Monday, 29th August - 16:30 - Childhood Violence - Oral

Dr. Mia Cathrine Myhre (Norwegian center for violence and traumatic stress studies), Dr. Siri Thoresen (Norwegian center for violence and traumatic stress studies), Mr. Ole Kristian Hjemdal (Norwegian center for violence and traumatic stress studies)

Objective
The objective of this study was to investigate the associations between different types of violence exposure in childhood and somatic health complaints in early adulthood, and mechanisms involved in the relationship.

Method
The baseline sample comprises 6589 individuals aged 16-75 who participated in a telephone survey in 2013 (T1). Response rate were of 47.9% of those reached by phone. Measures included a broad assessment of childhood violence exposure and mental health. From this sample the 506 youngest participants who had experienced violence in childhood (before the age of 18) and 505 unexposed age and gender matched controls were interviewed again after 12-18 months (T2). Measures at T2 included somatic health complaints (CSSI-8). Multiple regression was used to analyse the relationship between exposure to violence in childhood and later somatic complaints.

Results
Of the cases; 24.2 % (N = 122) had experienced physical violence alone, 19.8 % (N = 100) sexual assault alone, 21.6 % (N = 109) psychological violence, emotional neglect or witnessed violence between parents, 26.1 % (N = 132) reported a combination of two types of violence and 8.3 % (N = 42) three types of violence at T1. All types of violence except physical violence alone were univariate significantly associated with later somatic complaints, and there were a significant dose response relationship were those exposed to all three types had a threefold risk of somatic problems compared with those exposed to one type alone. Adjustment for mental health problems at T1 significantly reduced the associations between childhood violence and somatic health complaints.

Conclusions
Exposure to violence in childhood was uniquely associated with later somatic health complaints. However, mental health was a strong mediator for the association, indicating that violence victims are at risk for somatic health problems partly as a long-term sequela of mental health problems.
Detect, prevent and respond to physical, sexual and emotional abuse and neglect through the HIV continuum of care

Ms. Severine Chevrel (Catholic Relief Services), Ms. Sian Long (Maestral International), Ms. Kristin Weinburger (Catholic Relief Services), Ms. Aften Beeler (Catholic Relief Services)

Data from the Violence against Children (VAC) surveys and global analyses illustrate the scale and scope of violence against children and adolescents and emphasizes the urgency of responding effectively. 4Children, a USAID funded consortium, has undertaken a project to identify opportunities for violence prevention and response interventions within HIV pediatric testing and treatment.

Objective: Develop guidance that will enhance detection, prevention and response to all forms of VAC within HIV services.

Methods:

- Literature review on the linkages between HIV and child protection;
- Semi-structured interviews with global policymakers and practitioners across nine countries;
- Synthesis of findings to inform the development of guidance tools.

Results:

- Documented linkage between HIV and all forms of child protection violations;
- Lack of clinical guidance to systematically detect, respond and prevent VAC and the limited focus on physical and emotional abuse and neglect within HIV services;
- Resource limitations hindering an appropriate response to issues of violence and neglect within HIV services;
- Need for robust and accountable systems to identify and support prevention and response to VAC throughout the HIV continuum of care.

Conclusion: There is widespread evidence of the linkage between HIV acquisition and treatment outcomes with violence and neglect. HIV services are an important entry point for identifying children at risk of and experiencing violence who may not access other services. However, this linkage is not translating into routine identification and appropriate support to children throughout HIV services. Health and social workers require guidance and systems to work more closely together to detect, prevent and respond to the needs of children who have experienced or are at risk of physical, emotional, sexual abuse or neglect. The next step is for these findings to inform the development of guidance such as job aids in clinical and community settings.
No shame in justice: Addressing stigma against survivors to end sexual violence in conflict zones

Monday, 29th August - 17:10 - Childhood Violence - Oral

Ms. Tracy Shields (World Vision UK), Ms. Erica Hall (World Vision UK)

Objective
In June 2014 Governments, UN agencies, non-governmental organisations and individuals came together at the Global Summit to End Sexual Violence in Conflict. World Vision’s ‘No Shame In Justice’ report captures the momentum of the summit and unravels the links between stigma and justice, showing how stigma impacts the lives of survivors of sexual violence, and what factors they consider when deciding whether or not to report the crime.

Methodology
This report is based on primary evidence gathered by World Vision staff in Uganda and the Democratic Republic of Congo (DRC), as well as a literature review of academic articles, NGO materials and United Nations reports. It includes input from more than 400 first-hand interviews with survivors and other community members from 2014 (Uganda) and 2015 (DRC).

Results and Conclusions
The report highlights that the journey to recovery is complex and contingent on the survivor’s personal situation. Importantly, this process must encompass not only physical and psychological rehabilitation, but must also entail the ability to demand accountability from a survivor’s attacker, and access credible justice mechanisms. A survivor-centred focus on addressing conflict-related sexual violence must take a more comprehensive approach and must address the issue of stigma, in all its forms.

This report recommends six principles which should be central to approaches being made to improve support for survivors as well as to punish perpetrators. These principles can feed into the global momentum for ending sexual violence in conflict. This report is a unique contribution to the current dialogue on how to end sexual violence in conflict, directly drawing on the voices of survivors and communities in Uganda and the DRC.
Preventing youth perpetration of sexual violence in two Aboriginal communities

Monday, 29th August - 16:30 - Working with Aboriginal Youth - Oral

Mrs. Enid Hendry (Lucy Faithfull Foundation), Dr. Donald Findlater (Lucy Faithfull Foundation)

Objectives
By the end of the workshop participants will be able to use a new tool to help them develop a strategy to prevent child sexual abuse.

Methods
A real-life case study will be used to illustrate how a new evidence-informed tool is being used to develop and implement strategies to prevent youth sexual violence in two different settings, one rural, one urban, each involving Aboriginal communities. Participants will then be invited to use the tool to identify programmes and approaches that are relevant to their own context and culture.

Results
The Lucy Faithfull Foundation has gathered information on around 200 evidence-informed child sexual abuse prevention interventions from around the world. Using a framework by Smallbone, Wortley and Marshall (2008), these interventions have been organised by prevention level and audience into a resource (the ECSA toolkit) to help strategy development to prevent different forms of child sexual abuse. The Smallbone framework is currently being used in practice in two settings in Australia where youth perpetration of sexual violence is a significant problem. This experience, which involves two Aboriginal communities, will be used to illustrate the application of the ECSA tool in different situations.

Conclusions
Child sexual abuse is a major social problem across the globe. A range of evidence-informed approaches to prevent and respond to this form of abuse now exist and can be adapted for use with different communities, including Aboriginal communities. The ECSA tool can help to develop prevention strategies tailored to local needs and strengths.
Australia’s Second Stolen Generation - Myth or Reality?

Mr. Mick Naughton (Centre for Excellence in Child and Family Welfare, Victoria)

In 2007 Kevin Rudd, the then Prime Minister of Australia issued a public apology to what has become known as the Stolen Generation:

“We apologise for the laws and policies of successive parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians,” the apology read.

“We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country.

“For the pain, suffering and hurt of these Stolen Generations, their descendants and for their families left behind, we say sorry.

“To the mothers and the fathers, the brothers and the sisters, for the breaking up of families and communities, we say sorry.

“And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.”

The Apology, as it is now known, marked the culmination of a long campaign by Aboriginal people for the Australian State and Federal Governments to recognise the enduring, harmful effects of past Aboriginal child removal policies. The apology brought renewed hope that the rate of Aboriginal child removal could be reduced and children supported to remain connected to their family, community and culture.

Some commentators however have claimed that a new, second Stolen Generation of Aboriginal children is now emerging in Australia. This paper will examine the veracity for such a claim with a particular focus on the State of Victoria. Key data considered will include changes in the rate of Aboriginal children’s admission to out of home care, Aboriginal children in out of home care and compliance with the legislated Aboriginal child placement principle. The paper will further consider the policy responses now under consideration in the light of this evidence.
A special report on ending the overrepresentation of Aboriginal young people in care - A new story

Monday, 29th August - 17:10 - Working with Aboriginal Youth - Oral

Ms. Melanie McIntosh (Office of the Child and Youth Advocate, Alberta), Ms. Coby Eagle Bear (Office of the Child and Youth Advocate, Alberta)

Under Alberta’s Child and Youth Advocate Act the OCYA has the mandate and authority to advise government on best practices and gaps in the child intervention system in Alberta. The OCYA has committed to sharing the perspectives of young people, families and other community stakeholders on the overrepresentation of Aboriginal young people in care through a special report. This report will be released in the Spring of 2016 and is the focus of this submission.

Objectives:

“Our hope is that a new story is created for Aboriginal young people and their families involved with the Child Intervention system.” Elder, Saddle Lake

To that end our goal was to develop findings and recommendations that will:

1. Improve Aboriginal children’s and family experiences and outcomes with Child Intervention.
2. Push Aboriginal Child Intervention to a greater level of practice excellence.
3. Collectively influence Government and others to change their relationship with First Nations and Métis peoples regarding Child Intervention.

Methods:

In 2015/2016, the OCYA reached out to Aboriginal young people, families, caregivers, and key stakeholders through focus group gatherings, interviews, and online surveys to hear from them what is important and helpful to Aboriginal young people before and after they are brought into care. We heard from 746 people who generously shared their views on best practices and suggested ways to rewrite the story for Aboriginal young people and their families.

Conclusions:

Conclusions and recommendations will be shared from the Special Report to be released in April 2016. The data provided will include the voice and perspective of the 746 participants, including young people, families, Elders, caregivers and key stakeholders.

The report includes information gathered from, questions that explore the past, present and future state of being for Aboriginal children, a literature review and identification of good practice for improved outcomes.
Perspectives of system-involved youth on giving and receiving social support

Ms. Beth Sapiro (Rutgers University), Dr. Cassandra Simmel (Rutgers University)

Former foster youth are at greater risk for negative outcomes during the transition to adulthood (Courtney & Dworsky, 2006). Relatively less is known about their interpersonal experiences, including their perceptions of supportive social relationships (Curry & Abrams, 2015). Research suggests that trauma and system involvement, combined with a cultural emphasis on self-sufficiency, may lead some former foster youth to prefer self-reliance over dependence on supportive others. This paper presents mixed-methods data on the perceptions of former foster youth on their interpersonal relationships. Data are from a study of current and former foster youth in a northeastern state, conducted collaboratively with the state’s child welfare agency.

Methods: Data were collected from over 200 current and former foster youth, ages 18-27, who were randomly selected from state databases and stratified by age, location, and case type. Ninety minute in-person interviews included questions about interpersonal contact with family, mentors, and perceptions of support received from and provided to others. Open-ended questions sought youth perceptions of their lived experiences in the system. Data were analyzed using SPSS/Atlas.TI.

Results: Most youth from out-of-home care maintained contact with their biological families (62.8%) but wished they could have more contact with them (60.2%). Most identified a mentor (50.7%) and an adult whom they could always turn to for help with a serious problem (77.3%). 86.4% of youth reported that others rely on them frequently. Many respondents described becoming more independent and self-reliant, after learning that they could not rely on others to meet their needs or advocate on their behalf. Qualitative responses reflected ambivalence about interpersonal help-seeking for themselves, along with offering help to others.

Conclusion: Data indicate the importance of youth perspective on the social support provided them by family members, caseworkers, and other adults involved in preparing foster youth for the transition to adulthood.
Social role of one-to-one mentoring as a volunteer practice for the prevention of child abuse and neglect and socialization of children in difficult life situations in Russia

Monday, 29th August - 16:50 - Roles of Support - Oral

Dr. Alexandra Telitsyna (Big Brothers Big Sisters of Russia), Dr. Galina Semya (Moscow State Pedagogical University)

Objectives: to determine the role of one-to-one mentoring for orphans in Russia.

Methods: the orphans or children (age 11-17) left without parental care filled up the surveys. For 1-8 years long-term one-to-one mentoring (mentor’s personal obliged to visit the mentee at the orphanage at least once a week and for a period of time longer than a year) was supported and supervised by professional psychologists.

Results and conclusions: The National Russian Campaign to prevent abuse, neglect and abandonment of children had increased the number of orphans and social orphans placed in substitute families. However, a lot of the at-risk teenagers are left at the orphanages. Identified social role of mentoring in motivating children who are in difficult life situations and traumatized by early childhood deprivation: increasing self-esteem, self-confidence, the emergence of motivation to learning and education. 46% of mentees improved self-confidence; 45% of mentees became more independent; 36% of mentees improved communication skills; 44% of mentees expanded social connections; 52% of mentees now have a clearer vision of their future; 42% of mentees became more responsible; 33% of mentees gained interest to social life; 51% of mentees became better organized. The social role of mentoring in motivating traumatized at-risk children was established: self-confidence, motivation to study and get to college.
Looking forward to leaving: What helps young people to prepare for their transition from residential care to independent life?

Monday, 29th August - 17:10 - Roles of Support - Oral

Dr. Leslie Hicks (University of Lincoln), Ms. Jenny Dagg (University of Lincoln), Mr. Nat O’Brien (Catch-22)

Objectives

This session reports on research which formed part of an innovative intervention designed to enable improvements in young people’s experiences when preparing to leave residential care. Reporting at two points in time during the two-year intervention, interim findings facilitated main messages being taken forward into developing year two of the program. The work was funded by the Department for Education, and took place in 15 children’s homes/semi-independent provisions in the north west of England.

Method

Utilizing predominantly qualitative methods, the research encompassed a full range of perspectives from those involved in the intervention, including: young people; staff working in participating children’s homes/sites; staff involved in training sessions; service managers and project liaison staff; and staff involved in delivering the intervention. In line with the program ethos of co-production, a participative approach was used to shape data collection tools.

Results

Findings indicated positive developments in: planning and preparation; engagement by staff and young people; professional practice; and individual lives. The emotional effect on staff of preparing young people to leave residential care was seen to be a powerful barrier to progress, which needed to be addressed and supported.

Planning was strengthened by being: joined-up and involving a full range of relevant personnel; accessible to young people; focused on individuals; and up-to-date and relevant, rather than generic. Training which engaged a ‘vertical slice’ of staff enabled the development of ‘Leaving Care Aware’ organizations, where barriers plus enablers were worked on jointly. Including the voices of young people in training sessions served to enable the consequences of practice to be more keenly recognized.

Conclusions

The project contributes towards a better understanding of young people’s experiences of leaving residential care and gives recommendations for both improving planning and preparation for independence, and enhancing the life chances of young people.
Information sharing in child protection matters: The development of the National Child Protection Alert System in New Zealand

Monday, 29th August - 16:30 - Innovative Interventions - Oral

Dr. Patrick Kelly (Auckland District Health Board), Ms. Miranda Ritchie (Health Networks Ltd), Dr. Russell Wills (Hawke’s Bay District Health Board)

Background
Secondary care services in New Zealand are arranged into 20 autonomous District Health Boards (DHBs), with little ability for DHB information technology systems to share clinical information. Mortality reviews frequently identify poor information sharing contributes to negative child protection outcomes.

Objective
The National Child Protection Alert System (NCPAS) was established in 2003 to share child protection information between DHBs. The electronic flag signals that health information exists in regard to child protection concerns for a child or young person on a DHB clinical record. To place an alert there must be a referral for statutory intervention and a multidisciplinary team must determine that future clinicians should be made aware of this health information so they can consider its relevance (or not) on future presentations.

Method
The alert system was piloted in one DHB in 2003 and scaled up gradually, resolving issues as they arose. All 20 DHBs will be using NCPAS in 2016, with nationally consistent processes and quality assurance, which will be described. Ethical issues, for example balancing parents’ rights to privacy and children’s right to safety, have been addressed and will be discussed.

Results
The NCPAS toolkit now includes a privacy impact assessment, policies, documentation forms, a training package and quality assurance processes. All DHBs are required to demonstrate that they have the required infrastructure before lodging alerts on the national system and to participate in regular re-certification. There are more than 15,000 alerts on the system, ensuring clinical staff have access to the information. The system has support at national policy and front-line sector level.

Conclusion
To make effective decisions in child protection, frontline clinicians must have access to the relevant information. The barriers to sharing information are common and complex; establishing a national infrastructure reduced barriers and enhanced consistency.
From tenuous to tenacious: Strengthening social justice practice in child welfare

Monday, 29th August - 16:50 - Innovative Interventions - Oral

Dr. Anne Marie McLaughlin (University of Calgary), Dr. Erin Gray (MacEwan University), Dr. Maureen Wilson (University of Calgary)

Child welfare work is complex and challenging. Social work, with its historical micro/macro dual focus and its ethical commitment to social justice, is the profession best suited to take on those challenges. This paper examines how, overtime, social workers develop a social justice focus in practice.

We conducted in-depth interviews, in two different provinces in Canada, with 25 child welfare workers, who held either a BSW or an MSW. We employed grounded theory strategies for data collection and analysis to uncover how social workers understood social justice and enacted it within the child welfare arena.

Popular wisdom suggests that new workers, having greater stamina and ideological zeal, are more likely than more experienced workers to take on issues of social justice. Our findings, however, suggest that the reverse may be true: in this study, those workers indicating a strong commitment to social justice tended to be more senior workers. In exploring why this might be the case, we noted that senior or experienced workers in our sample were more likely to have solid knowledge of systems, to demonstrate critical and structural thinking about reported child abuse and neglect, to rely on reflective practice, and to demonstrate an ability to think and work collaboratively with both parents and communities. Novice workers were more likely to express a lack of confidence in their ability to incorporate social justice into practice, and to tell us they struggled to find their voices.

Our study highlights the need for employers and educators to recognize and acknowledge that, contrary to expectations, recent graduates and social workers new to child welfare practice require additional supports and time to grow into their role, with particular support in relation to the cognitive and practical skills needed to understand and organize their practice around principles of social justice.
Child friendly justice: International obligations and the challenges of inter-agency collaboration

Monday, 29th August - 17:10 - Innovative Interventions - Oral

Prof. Hrefna Fridriksdottir (University of Iceland), Mrs. Anni Haugen (University of Iceland)

Objective

The aim of the presentation is to introduce a new approach to critically analyse and discuss interdisciplinary practices and procedures in the handling of child sexual abuse cases.

Methods

After ratifying the Lanzarote Convention in Iceland three key Ministries established The Raising Awareness about Sexual Violence against Children. The Raising Awareness commissioned the project of integrating international obligation into all aspects of the justice systems dealing with child sexual abuse, such as child protection, police, courts and others directly responsible for procedure. The project involved an interdisciplinary analysis of relevant international conventions, guidelines, laws and social science research as well as interviews with approximately 40 key professionals from all sectors.

Results

The project resulted in new guidelines: Child sexual abuse and the justice system – procedures and due process for children. The Guidelines identify four main principles drawn from international obligation; the child perspective, safety, effectiveness and co-operation, as guiding lights in all practices and procedures. The Guidelines offer a step by step descriptive analysis of the main obligations of each agency within the justice systems in order to provide an illustrative holistic overview. Finally the Guidelines introduce a step by step normative analysis of how the aforementioned guiding lights should be reflected in processes and procedures with the aim of identifying weaknesses, tensions and challenges.

Conclusion

Overall the situation of child victims in Iceland has developed in accordance with the main principles of international instruments. But bridging the gap between rhetoric and effective implementation is an ongoing challenge. To rise to the challenge of putting international principles into practice we need continuously to emphasize the child perspective and to cultivate multiagency training, understanding, respect and cooperation. The Guidelines offer a tool that may enhance and facilitate a holistic, child centered and effective process.
Families, Family systems and Child well-being over time

Monday, 29th August - 16:30 - Parenting - Oral

Mrs. susan gardiner (Wood’s Homes), Mrs. Audra Richards (Wood’s Homes)

Objective: This presentation will look at traditional views of family systems in child protection and propose a new model that considers family strengths across the family system where kin are recognized as vital to the long term identity of the child.

Families have reported feeling disconnected and overwhelmed particularly when children are placed away from their parents. Often, extended family are under utilized as support to the children. Providing timely and responsive kinship and biological family support while mitigating the relationship and conflicts between the biological parents and their relatives holds promise for improved outcomes for children. By connecting kin through the provision of individualized training that meets provincial and regional requirements, the development of Parenting & Developmental Support Plans, the development of functional safety networks and family mediation and counselling, long term outcomes for child safety and well being can be realized.

This presentation will provide an overview of the work with an initial exploration of 10 family constellations. It will identify the underpinnings of family systems theory and intervention designed to improve family dynamics, communication and cooperation between bio and kin families in the interest of long term support to the child where children have been removed from their parents and are living with kin.

While the program is in its preliminary stages, bio and kin families report improvements in their working relationship to support the child. Program staff report greater understanding of the long term potential of the family constellation to support the child and the willingness of families to address conflict while learning to work together in putting the child first. This work represents an innovation in the provision of kinship supports.

Conclusions: A focus on addressing the relationship between bio and kin families has potential to improve long term outcomes for children.
Impact of the better parenting intervention on parental attitude and practices

Monday, 29th August - 16:50 - Parenting - Oral

Ms. Medhanit Mecha (FHI360 Ethiopia)

Introduction: Yekokeb Berhan Program for Highly Vulnerable Children (HVC) in Ethiopia promotes Better Parenting Training for parents and caregivers of HVC in its project sites. It is assumed that the positive parenting attitudes and practices that the training promotes enhances the desired outcome of improving HVC’s well beings.

Objective: The evaluation addressed two questions: Is the Better Parenting intervention effective in changing parental/caregiver parenting attitudes and practices?; and, Do changes in parenting attitudes and practices lead to improvements in children’s behaviours and wellbeing

Methods: The study employed a quasi-experimental design with mixed method. Propensity Score Matching (PSM) method was used to minimize selection biases in allocating subjects into intervention and control groups. A random sampling procedure was used to select 854 households (427 intervention and 427 control).

Results.

The intervention group were 2.3 times more likely to have positive attitude on parenting responsibilities (95% CI: 1.40-3.93), 1.9 times more likely to have positive attitude on communication with children (CI: 1.45-3.21), and 1.8 times more likely to have positive attitude on positive child disciplining and monitoring (CI: 1.16-3.03), compared to caregivers from the control group.

The intervention participants were three times more likely to practice firm and fair parenting style (95% CI: 1.72-5.30), 3.8 times more likely to practice positive child disciplining and monitoring (95% CI: 2.24-6.58), and 1.9 times more likely to communicate with children (95% CI: 1.10-3.18), compared to the control group. On the other hand, intervention participants were less likely to have permissive parenting style (OR=0.32; 95% CI (0.16, 0.45) and less likely to practice authoritarian or controlling parenting style OR=0.26; 95% CI (0.15, 0.45) than their counterparts in the control group.

Conclusion

Both from the quantitative and qualitative studies, demonstrate positive impacts of the Better Parenting intervention on parenting attitudes and practices among primary caregivers of HVC.
Engagement and attendance to a parent training program in youth protection services: An analysis of predictors and links to outcomes

Monday, 29th August - 17:10 - Parenting - Oral

Mrs. Marie-Josée Letarte (Université de), Mrs. Isabelle-Ann Leclair Mallette (Université), Mrs. Krystel Boisvert (Université de Sherbrooke), Mrs. Hélène Fortier (Université de Sherbrooke)

Purpose

Incredible Years (Webster-Stratton, 1998) is a well-known parent-training program (PTP). Our research shows that its implementation in youth protection services is associated with positive results for parents and children compared to a waiting list (Letarte et al., 2010). However, participation (attendance and engagement) is often problematic. Participation in PTP is critical if the outcomes are to be reached. In a youth protection context, engaging clients in group programs is challenging for many reasons (Webster-Stratton, & Reid, 2005). This study aims to contribute to the improvement of practices by analysing the predictors of attendance and engagement of parents involved in a PTP in youth protection services and their links to outcomes.

Method

Parents followed by child protection services took part in “Incredible Years” which lasts 16-weeks. Facilitators (n=14) and parents (n=67) completed questionnaires in order to report on their own personal characteristics and to monitor attendance (presence vs absence) and engagement (e.g. attention to videos; support to others; participation in group discussion; personal disclosure). Outcomes considered are parenting practices (Parenting practices interview; Webster-Stratton, 1998) and parent-child relationship (Parental Acceptance-Rejection Questionnaire ; Rohner, 1991). They were evaluated pre and post program.

Results

Descriptive statistics showed that 57% of participants dropped out of the study by the post test. Mean attendance to the program is 75%. Engagement in meeting is relatively high, varying from 56% (support to other parents) to 97% (attention to the videos). Linear regressions are used to analyse if parents’ and leaders’ characteristics predict participation. Linear regressions also analyse if participation predicts parents’ outcomes.

Conclusion

The conclusion will discuss what leaders can do in order to promote attendance and engagement of parents in a PTP. We will talk about what have been done within this study and present a reflection of what could be done based on the results.
Mandatory reporting of child sexual abuse: Issues and insights in clinical practice

Monday, 29th August - 16:30 - Medical Practices - Oral

Dr. Kavita Jangam (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Preeti Jacob (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Shekhar Seshadri (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Satish Girimaji (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. Shoba Srinath (National Institute of Mental Health and Neuroscience, Bangalore, India), Dr. John Vijay Sagar Kommu (National Institute of Mental Health and Neuroscience, Bangalore, India), Ms. Chaithra Chandrakanth (National Institute of Mental Health and Neuroscience, Bangalore, India)

Objectives: The objective of the paper is to highlight the difficulties faced by mental health professionals in reporting cases of child sexual abuse to the judiciary system and insights built for the interventions to deal with these difficulties. Protection of children against sexual offences Act, 2012 (INDIA) makes it mandatory for all the systems including Dept of child and adolescent psychiatry, NIMHANS – a tertiary mental health care centre in India to report the incidence of known or informed child sexual abuse either to child welfare committee (quasi judicial committee) or to Special Juvenile Police Units. Despite the counselling, most of the caregivers refuse the consent for reporting these incidences fearing stigma and other psychosocial issues. The paper will discuss these difficulties related to mandatory reporting of child sexual abuse cases.

Method: case analysis of child and adolescent cases who have disclosed incidence of sexual abuse to the treating team.

Results: The analysis indicated that most of the caregivers (parents) refused to consent for reporting due to 1) their fear of stigma to the child and the family, 2) their lack of faith on judiciary system, 3) anxiety over the judicial procedures and 4) anxieties related to impact of reporting on development of the child. The result will also highlight some of the judicial procedural difficulties faced by mental health professionals and parents in reporting incidence of child sexual abuse.

Conclusion: The psychosocial difficulties and lacunas in judicial systems prevents caregivers from reporting the incidences of child sexual abuse. As a result, children continue to suffer in silence. To enhance the reporting of CSA, it is important to bring in best practices in psychosocial and judicial interventions.
Prenatal screening for risk factors & early prevention of child maltreatment

Monday, 29th August - 16:50 - Medical Practices - Oral

Dr. Remy Vink (TNO)

Risk factors related to parents appear to be the strongest predictors of child maltreatment. Risk factors concerning both parents have even stronger effect. Strong parental risk factors are: domestic violence, perception of child as problem, psychopathology, low self-esteem, anger/hyper-reactivity, stress and anxiety (Stith et al, 2009; Mulder, underway). Because these risk factors are independent of the child they can be recognized during pregnancy, by midwives and obstetricians. How can this best be done? In this session we will present a Dutch working model for prenatal screening and early prevention of child maltreatment. In 2009 we introduced the ALPHA-NL, a translation of the Canadian ALPHA (Antenatal Psychosocial Health Assessment, Reid et al, 1998). Also training for midwives/obstetricians was developed and a protocol for follow-up care was agreed upon. When risk factors occur, the well-baby nurse (youth public health care) is notified, in dialogue with the parents-to-be. Home-visits with solution focused psychosocial support and referral if necessary are offered as soon as possible during pregnancy. In this way parents with risk factors for child maltreatment are given a head start once their baby is born. After birth the same well-baby nurse does the regular check-ups of the baby and stays involved. This collaboration between midwives/obstetricians and well-baby clinics is still not standard practice in our country -or worldwide. One of the reasons may be the differences in focus and culture between professions. The prenatal period however gives a great but underused window of opportunity for the early prevention of child maltreatment.
Post rape care services to minors in Kenya: Are the services healing or hurting survivors?

Ms. Cynthia Wangamati (University of Oslo), Dr. Viva Thorsen (University of Oslo)

Child sexual abuse is a global problem and a growing concern in Sub-Sahara Africa. It constitutes a profound violation of human rights. To address this problem Kenya has established the Sexual Offences Act. In addition, Kenya has developed national guidelines on management of sexual violence to grant minors access to healthcare. However, little is known about the experiences of sexually abused minors as they interact with the health and legal system. Accordingly, the case study uses a triangulation of methods in the follow up of two adolescent girls. Health records were reviewed, interactions between the girls and service providers were observed, in-depth interviews were conducted with the girls and informal discussions were held with guardians and services providers. Findings indicated that the minors’ rights to quality health care and protection were being violated. Protocols on post rape care delivery were unavailable. Furthermore, the health facility was ill equipped and poorly stocked. Health providers showed little regard for informed assent, confidentiality and privacy while offering post rape care. Similarly in the justice system, processing was met with delays and unresponsive law enforcement. Health providers and police officers are in grave need of training in sexual and gender based violence, its consequences, comprehensive post rape care and sexual and reproductive health rights to ensure protection of minors’ rights. Health administrators should ensure that facilities are equipped with skilled health providers, medical supplies and equipment. Additionally, policies on the protection and care of sexually abused minors in Kenya require amendment.
Making the links between domestic violence and child protection: Developing evidence-based training for general practice clinicians

Monday, 29th August - 16:30 - Domestic Violence and Child Protection - Oral

Prof. Marianne Hester (University of Bristol), Dr. Eszter Szilassy (University of Bristol), Dr. Jessica Drinkwater (University of Leeds), Dr. Cath Larkins (University of Central Lancashire), Prof. Nicky Stanley (University of Central Lancashire), Dr. William Turner (University of Bristol), Prof. Gene Feder (University of Bristol)

Objectives: Children’s exposure to domestic violence is a challenge to child protection. We need mechanisms for linking them in policy and practice in healthcare settings. The RESPONDS (Researching Education to Strengthen Primary care ON Domestic violence and Safeguarding) study aimed to establish an evidence base for development of training on both domestic violence and child protection for primary care clinicians, and a pilot training intervention.

Methods: The study involved four methods to develop the evidence base for the training intervention: 1) a systematic review of training interventions for improving professional responses to children affected by domestic violence; 2) a content mapping of 22 current training programmes in England; 3) interviews with 42 primary care practitioners, 12 practice nurses and 15 practice managers regarding responses to domestic violence in families; 4) a two-stage consensus process with 28 multi-professional stakeholders.

Results: The review identified 21 studies showing positive improvements from training with experiential and post-training sessions. However, content mapping found current training had limited mention of domestic violence. Interviews indicated that primary care professionals do not connect child protection and domestic violence in ways that create safety for children and adults, lack institutional knowledge, interagency trust and self-confidence. There was uncertainty and confusion surrounding recording domestic violence cases in families’ medical records. The findings informed development of the RESPONDS training pilot, designed to encourage clinicians to overcome barriers and engage more extensively with patients experiencing domestic violence, while also responding directly to the needs of children.

Conclusion: An evidence-based RESPONDS training pilot was developed for primary care to provide effective and safe responses for all family members experiencing or perpetrating domestic violence and their children: delivered by local social workers and domestic violence advocates, integrating child protection and domestic violence knowledge and skills, to build confidence and competence, involving interactive and experiential elements.
From crisis to resilience: The lived experiences of mothers and children in the context of domestic violence

Monday, 29th August - 16:50 - Domestic Violence and Child Protection - Oral

Dr. Caroline McDonald-Harker (Mount Royal University)

Over the past several decades, there has been considerable academic, policy, and public attention paid to the social problem of domestic violence in Canada. One result of this increased attention is that a large body of sociological literature on domestic violence has emerged. However, this literature has failed to specifically examine the voices of women and their children in regards to their experiences of abuse, despite long-standing research findings which indicate that women with children are up to three times more likely to experience domestic violence than are childless women, and women’s responses to violence, help seeking choices, and experiences with domestic violence interventions are shaped by their status/role as mothers and their children’s needs. Most of the literature thus far is largely not based on claims made by abused women and their children themselves, but rather deduced from claims made by others such as criminal justice agents, shelter workers, child protection staff, teachers, legislative reviews, and researchers’ observations. This paper, which is based on a qualitative research study of 29 abused women residing in nine different abused women’s shelters in Calgary, Alberta, provides a unique and in-depth discussion of the individual narratives, experiences, and lived realities of abused mothers and their children in situations of domestic violence. This paper provides important research findings about the difficulties and struggles, as well as the approaches and strategies that abused mothers and their children adopt as a result of living in, experiencing, coping, and overcoming domestic violence. Specific focus is given to approaches that mothers and children adopt to move from crisis to resilience. I discuss the implications that these research findings have for specific attempts to protect, assist, and best support abused mothers and their children victimized by domestic violence.
Emotional labour at the heart of the work

Ms. Lisa Chapman (Charles Sturt University), Dr. Michelle Evans (Charles Sturt University)

Objectives

Three Government Agencies in NSW Australia have implemented a telephone advisory service for government agency staff to access professional advice and meet mandatory reporting requirements relating to child protection.

This presentation reports a three-year study with the telephone advisory service workers (Assessment Officers). The research finds that Assessment Officers perform high levels of emotional labour which is often overlooked and an unspoken requirement of the role. Assessment Officers work with the clients’ emotional states and are required by the technical aspects of the role and systems to listen beyond the words uttered by clients in this responsive work role.

Method

Approaching the fieldwork from a social constructionist paradigm, the qualitative data was gathered by conducting 2 focus groups, 1 dyad and 8 individual interviews, totalling 20 employees from two of the three Agencies. The data was thematically analysed using NVIVO. Emotional labour is a major theme of the research.

Results

The expertise and ability to perform emotional labour benefits both the Agencies and clients. Acknowledgement of the major function of emotional labour in the Assessment Officers’ role is lacking and largely unacknowledged by supervision or professional development. Recognition for the Assessment Officers’ level of expertise and skill in performing emotional labour and augmentation of the Assessment Officers’ role is required. Further, the technical systems Assessment Officers operate is often at odds with the performance of emotional labour, creating uneasy tensions for Assessment Officers.

Conclusions

The units were established to primarily build capacity in the governmental workforce by providing expert workers to lead staff through a decision making tool and the assessment of risk of harm to children. However, the service has developed into a unique support and advisory resource. Consideration should be given to the role design and acknowledgement of the powerful emotional labour Assessment Officers offer the sector.
‘Support and supervision for Indigenous child protection workers: A critical examination’

Knowledge about support and supervision needs of Indigenous child protection workers is missing from the child protection practice landscape. Previous work in this area (Dane, 2000; Gibbs, 2001; Anderson, 2000) has not been Indigenous-specific meaning that Indigenous workers’ voices are left unheard. The purpose of this paper is to review the current literature through a critical lense and to examine three main areas of interest, namely, how past government policies may impact workers within the child protection system; unique support and supervision needs; and recruitment of Indigenous people as a strategy to address over-representation. The review found that child protection staff recruitment strategies must incorporate supervision and support frameworks that acknowledge the trauma based histories of Indigenous staff. Further research is warranted into what these frameworks might look like.
The role and challenges of social worker in child protection:
The case of Indonesia

Monday, 29th August - 17:10 - Supporting Child Protection Workers - Oral

Dr. Binahayati Rusyidi (Universitas Padjadjaran), Mr. Muhammad Akbar Halim (Yayasan Bahtera), Ms. Ajeng Purnama Soemantri (Universitas Padjadjaran)

Since 2009, the Indonesian Ministry of Social Affairs has been implementing PKSA; a conditional cash transfer program that targets < 5 neglected children, > 5 neglected children, children with disabilities, street children, children in conflict with the laws, and children in need for special protection from poor households. PKSA integrates three elements: transfer of cash, care and social services through social worker’s and child-care institutions assistance.

This qualitative study analyzed the roles and the challenges of social worker in implementing PKSA and lay out recommendations to inform policy changes. Data were collected from national and local government and non-government child welfare agencies, social workers and child-care institutions representatives through interviews and FGDs that took place in six districts of three provinces.

Social workers’ role was sound in facilitating cash transfer, providing education and guidance as well as linking children and families to basic social services. This improved utilization of basic social services, enhanced children and family’ behaviors and contributed to the well-being of the children. Nevertheless, only small number of child-care institutions have social workers, leaving many of children and families without care and social services linkages, therefore missed rehabilitative components to help them regain their social functions. Some social workers reported their struggles with heavy workloads, lack of professional competences and training, limited job security, and inadequate professional acknowledgment from other professions. Parts of those challenges were due centralized nature of the program and the lack of shared vision and commitment about child protection system among related government agencies both at national and local levels.

The study highlights the necessity to implement integrated child protection system, decentralize the program, and improve the number, competence, case management, management and monitoring of social workers. The most current progress of the program and its impacts on social workers are also discussed.
Street children in Jordan

Monday, 29th August - 16:30 - Working with Under Served Children - Oral

Prof. Siham Abueita (Hashmite University)

The problem of street children in Jordan (working children, refugees children, children exposed to violence, children deprived of family care, and the girl child) a country rapidly growing and integrating with the world, arises from the interaction of traditional causes such as the loss or divorce of parents and new causes such as immigration, war, economic incentive. In spite of the abilities and personal qualities of Jordan’s monarch, to have maintained the stability over the past years, in an area of the world not commonly known for its tranquility and peace, or Known with conflicts and war.

This paper is to review the status of children in the changing conditions, which are compared across time in Greater Amman area. Through the institutions addressing street children’s support, reviewing the existing yearly reports of government and nongovernment institutions that offer support for children, and reeach studies for the definition and classification of street children in Jordan.

The initial step in the process is to assess the children’s street status and the capacity of the institutions working with or for children in this city which is hosting the largest number of these children.

The study presents a new typology of street children based on causes and situations that increase rapidly:

Causes are classified into broken family, poverty, unemployed parent, war, and migration. Situations are divided into current situation of protection and future investment. It is shown that the children exposed to violence, children deprived of family care, and the girl child groups are most difficult to assist, but working children, refugees’ children groups often show strong desire for study and better life. However, their aspiration is frequently interrupted by various setbacks. Since street children are not a homogenous group, intervention must also be diversified according to the needs of each type of children.
Inclusion of children with disabilities in child protection mechanisms in Malawi and Uganda

Ms. Morgon Banks (London School of Hygiene and Tropical Medicine), Dr. Karen Devries (London School of Hygiene and Tropical Medicine), Dr. Nambusi Kyegombe (London School of Hygiene and Tropical Medicine), Dr. Hannah Kuper (London School of Hygiene and Tropical Medicine), Ms. Susan Kelly (London School of Hygiene and Tropical Medicine)

Introduction: There is increasing evidence that children with disabilities may be at higher risk of violence compared to their peers without disabilities. However, little is known about the extent to which children with disabilities are included in child protection mechanisms – which are an essential part of any country’s response efforts to address and prevent child maltreatment.

To fill this gap in the evidence base, qualitative research was conducted in Malawi and Uganda to explore the extent to which children with disabilities are included in community-based child protection mechanisms, including identifying any barriers and enablers that may impede or support full and equal access. This research was supported by Plan International, a leading international development organisation working with children in over 50 LMICs.

Methods: In each site, purposive selection of 20 children with disabilities was undertaken to produce a representative sample by impairment type, gender and those in and out of school. Semi-structured, in-depth interviews with children with disabilities and their caregivers were used to explore their knowledge, understanding and experience of the available child protection mechanisms in their setting. Interviews with key stakeholders were also conducted for contextual background. Interview transcripts were coded using NVivo 10 and a thematic approach was used for analysis.

Findings: this research emphasizes the perspectives of children with disabilities and their families – important, but, particularly for the former, often side-lined voices. Violence in a range of settings (home, school, community) was found to be a common experience for children with disabilities, while a range of attitudinal, financial, physical and policy barriers are impeding access to available child protection structures. Notably, children with disabilities have little direct access, particularly for those who are out of school.

Conclusions: Although children with disabilities reported frequent experiences of violence, inclusion in existing child-protection mechanisms is minimal.
Two sides of the globe: Systems and responses to underserved children in Oklahoma and Siberia

Monday, 29th August - 17:10 - Working with Under Served Children - Oral

Dr. Barbara L. Bonner (University of Oklahoma Health Sciences Center), Dr. Tatiana Balachova (University of Oklahoma Health Sciences Center), Dr. Mary Stockett (University of Oklahoma Health Sciences Center), Dr. Tamara Krupskaya (Irkutsk State Medical University), Dr. Inga Kukushkina (Irkutsk State Medical University), Dr. Natalia Martinovich (Irkutsk State Medical University), Dr. Svetlana Semenova (Commissioner for Children’s Rights in the Irkutsk Oblast)

This presentation will be focused on child maltreatment, protection, and the development of services for underserved families in the U.S. and Russia. The presenter is a partner from a collaboration between the University of Oklahoma Health Sciences Center (OUHSC) and Irkutsk State Medical University (ISMU) in Irkutsk, Siberia. The medical schools participate in a University Partnership Program that links OUHSC and ISMU to improve higher education to meet the needs of underserved children and families, particularly those exposed to child maltreatment.

Participants will learn about milestones in developing an international university partnership, review a comparative analysis of responses to child maltreatment in the Siberian region of Russia and in Oklahoma in the US. The KIDS COUNT data from Oklahoma and data from a survey of health professionals in Irkutsk will be presented to identify the current state of the systems, needs, and approaches to improve the response to child abuse and neglect prevention. The presentation will broaden the participants' understanding of the role of culture in both the child abuse and neglect risk and protection. This University Partnership Project is supported by a linkage grant, University Partnership for Underserved Children, from the University Partnership Program, Eurasia Foundation to OUHSC in the US and ISMU in Russia.
Implementing SafeCare® to address child neglect and physical abuse

Dr. Jenelle Shanley (National SafeCare Training and Research Center, Georgia State University)

Objectives

Child maltreatment is a world-wide social problem that impacts every country. International efforts to disseminate evidence-informed practices is critical to addressing this global epidemic. This symposium discusses international implementations of the evidence-based practice, SafeCare®, and shares our experiences of working with providers and families across the world. SafeCare is a program for families with children ages 5 years and younger, who at at-risk for or have experienced child neglect and physical abuse. SafeCare is an in-home parent training program designed as an early intervention to promote child and family well-being. The theme of this symposium is to provide a framework for international program initiatives and highlight the cultural relevance of this evidence-based model to a global context.

Methods

SafeCare is implemented in seven countries: Australia, Belarus, Canada, England, Israel, Spain and United States (origination; wide-spread). Numerous providers have been trained to implement SafeCare, while a select group at each site has been trained as coaches to support providers and ensure program quality. In additional, SafeCare Trainers have been trained across the US, as well as in England and Israel.

Results

Three presentations will discuss the international implementation of SafeCare. Shanley Chatham et al. will discuss how SafeCare is planned and initiated in international settings (including what modifications were made to the program), as well as efforts to sustain and expand these implementation efforts. Romano et al. will discuss the attitudes and experiences of SafeCare Providers from the Canadian implementation of SafeCare. Majka et al. will discuss a readiness tool and its use in facilitating the readiness process for the Australian implementation.

Conclusions

The theme of this symposium will be to provide a framework to discuss international implementations of evidence-based programs, and offer guidance to organizations and other evidence-based programs considering international implementation of evidence-informed programs.
Implementing SafeCare® to address child neglect and physical abuse – An overview of international implementations

Monday, 29th August - 16:30 - Symposium 4 - Symposium

Dr. Jenelle Shanley (National SafeCare Training and Research Center, Georgia State University)

Objectives
SafeCare is an evidence-based parent training program for parents of children 0 to 5 years old, targeting risk factors of child neglect and physical abuse. SafeCare is an in-home parent training program covering three topic areas: parent-child interactions, home safety, and child health. SafeCare is disseminated through the National SafeCare Training and Research Center based in the United States. The objectives of this presentation will be to provide an overview SafeCare, highlight the international implementations, discuss strategies used to align the model to each country’s service systems and culture, and describe international sustainability efforts.

Methods
SafeCare is implemented in seven countries: Australia, Belarus, Canada, England, Israel, Spain and United States (origination; wide-spread). Numerous providers have been trained to implement SafeCare, while a select group at each site has been trained as coaches to support providers and ensure program quality. In additional, 45 SafeCare Trainers have been trained across the US, as well as in England and Israel.

Results
We will discuss the international SafeCare implementations, what modifications were made to the program, and how challenges were identified and addressed in order to optimize the implementation and impact on families. Specifically, we will discuss modifications to the Health module and how we work with the organization to align this aspect of the program to the country’s health system. We will also discuss language and cultural modifications that typically occur to align with the country’s culture and the families who will receive SafeCare. We will also highlight the importance of planning and ongoing communication as key to initiation and long-term integration of SafeCare.

Conclusions
The purpose of this presentation is to discuss how the National SafeCare Training and Research Center works with international organizations to integrate SafeCare into its service sector, the country’s health system, and societal norms.
Implementing SafeCare® to address child neglect and physical abuse – What role do child welfare practitioners play in the successful implementation of an evidence-based child neglect program?

Monday, 29th August - 16:30 - Symposium 4 - Symposium

Dr. Elisa Romano (School of Psychology, University of Ottawa), Ms. Elena Gallitto (School of Psychology, University of Ottawa), Ms. Kelly Weegar (School of Psychology, University of Ottawa), Ms. Jennifer Lyons (School of Psychology, University of Ottawa), Dr. Jenelle Shanley (National SafeCare Training and Research Center, Georgia State University)

Objectives: In Ontario (Canada), neglect is a major concern in child welfare as it has a high incidence rate, compared with other maltreatment types. This study examines the implementation within six Ontario child welfare agencies of an evidence-based intervention (SafeCare®) for concerns related primarily to neglect. We focus on the attitudes and experiences of SafeCare® trained practitioners as they are pivotal to its successful implementation.

Method: Our mixed-methods approach includes questionnaires and focus groups. Practitioners (n=30) answered questions on their training background and completed standardized measures on their attitudes toward evidence-based practice and on agency-level variables (e.g., support for innovation/change). These measures were completed prior to SafeCare® training and 1.5 years into its implementation. We are also conducting focus groups with practitioners on challenges and positive experiences with SafeCare® and on suggestions for agency sustainability. Focus group discussions will be audiotaped, transcribed, and analyzed using the QDA Miner statistical package.

Results: Preliminary findings indicate that, prior to SafeCare® training, attitudes toward evidence-based practice were in the mid- to upper range (M=3.40, SD=.41, possible range 0-4). Practitioners’ perceptions of their agency’s support for innovation/change was in the average range (M=14.58, SD=1.07, possible range 5-25). Greater perception of agency support for innovation was positively correlated with more favourable attitudes toward evidence-based practice. The next step is to examine scores over time to assess potential changes in attitudes around evidence-based practice following SafeCare® implementation. We will also link changes in scores to practitioners’ training background and to their proficiency with SafeCare® (e.g., number of completed families).

Conclusions: The quantitative and qualitative data will be important for purposes of refining SafeCare®’s implementation and better ensuring its sustainability within Ontario child welfare. The data will provide information on both practitioner- and agency-level variables that play a role in successful program implementation and sustainability.
Implementing SafeCare® to address child neglect and physical abuse – SafeCare® comes to Australia: Utilizing an engagement and assessment tool for improving implementation readiness of agency managers and organisations

Monday, 29th August - 16:30 - Symposium 4 - Symposium

Ms. cheryl majka (Centre for Evidence & Implementation), Dr. Robyn Mildon (Centre for Evidence & Implementation), Dr. Daniel Whitaker (National SafeCare Training and Research Center, Georgia State University), Ms. Pauline McKenzie-Day (National SafeCare Training and Research Center, Georgia State University), Dr. Jenelle Shanley (National SafeCare Training and Research Center, Georgia State University)

Objectives: There are many challenges when an evidence based program, which is new to an organization, is actively introduced into a service setting. One critical component for successful implementation is the organization’s readiness for the program (Scaccia et al 2015). SafeCare, an evidence based program shown to effectively address child maltreatment, was recently introduced to the Australian service setting. To ensure that improved outcomes could be realized through implementing SafeCare® in this system we adapted and further developed tailored implementation readiness tools to guide the implementation planning process. This paper will describe the readiness tool and its use in facilitating a readiness process, i.e. building expertise at various levels, determining the “fit” of the innovation, early identification of enablers and constraints, etc.

Method: Starting with an existing readiness checklist we further developed implementation readiness tools utilizing a consultation and consensus process with program developers, agency managers and the public child welfare agency. The focus was on the general capacities of the local sites and organisations as a whole and capacities specific to implementing SafeCare®.

Results: The assessment identified key implementation factors including maintaining leadership & accountability structures at multiple levels, actively equipping ‘champions’, organisational absorptive capacity, trialability of the model, etc. The readiness tool/s focused implementation teams on predictable initial implementation barriers, i.e. referral rates and ‘gate keeping decision making’, differences in public vs private service structures, maintaining accountability in an environment of system reforms, etc.

Conclusion: The process of assessing and enhancing readiness builds critical capacity at multiple levels within a system preparing to introduce a new innovation into an existing service system. The adaptation and further development and use of SafeCare® specific readiness tools is a critical component in the successful implementation of the model in any further larger scale dissemination efforts in Australasia.
Childhood abuse and adult health: Evidence from the Canadian community health survey 2012 – Mental health - Childhood maltreatment as a risk factor for cancer: Findings from a population-based survey of Canadian adults

Monday, 29th August - 16:30 - Symposium 5 - Symposium

Dr. Wendy Hovdestad (Public Health Agency of Canada), Ms. Margot Shields (Public Health Agency of Canada), Ms. Amanda Shaw (Public Health Agency of Canada), Mr. Les Mery (IARC), Dr. Lil Tonmyr (Public Health Agency of Canada)

Objectives: Childhood maltreatment (CM) is an established risk factor for various mental and substance use disorders. This project adds to the evidence that CM may also be a risk factor along the causal pathway to longer-term physical illness, such as cancer, for Canadian adults.

Method: Based on data from a sample of 21,878 men and women from the 2012 Canadian Community Health Survey - Mental Health (CCHS - MH), this study explores the associations between three types of CM (childhood physical abuse CPA, childhood sexual abuse CSA, and childhood exposure to intimate partner violence CEIPV) and cancer in adulthood. “Cancer” was defined as an affirmative response to either or both of these questions: “Do you have cancer?” “Have you ever been diagnosed with cancer?”

Results: For women but not for men, having experienced any type of CM was significantly associated with having cancer as an adult, even when the effects due to age and income were controlled. There was evidence of a “dose-response” relationship, in that the likelihood of reporting cancer increased by the number of abuse types (CPA, CSA, CEIPV) reported, and the severity of CPA and CSA reported. Controlling for effects due to mediators such as smoking status, perceived life stress, depression, and alcohol use reduced but did not eliminate the association between CM and cancer for women.

Conclusion: Our analyses suggests an association between cancer in women and CPA, CSA, CEIPV even after controlling for the effects of known risk factors. Further analyses are required to enhance our understanding of the causal pathways to cancer, but histories of CM particularly among women, may require further consideration in this regard.
Childhood abuse and adult health: Evidence from the Canadian community health survey 2012 – Mental health

Monday, 29th August - 16:30 - Symposium 5 - Symposium

Dr. Wendy Hovdestad (Public Health Agency of Canada), Dr. Lil Tonmyr (Public Health Agency of Canada)

Population representative health surveys can provide a very valuable mechanism through which to explore the long-term connections between childhood maltreatment and adulthood health concerns. The Canadian Community Health Survey 2012 – Mental Health (CCHS) was the first-ever nationally-representative Canadian survey to include assessment of three types of childhood maltreatment (exposure to intimate partner violence, physical and sexual abuse). Because it also included assessments of health risk behaviours (e.g., smoking, alcohol abuse), mental health and mental illness, and physical health and illness, diverse careful analyses are possible. The three papers in this symposium explore mental health, comorbidity, and chronic disease (cancer) experienced by Canadians, in the context of their childhood maltreatment histories. The first paper examines individual and relationship level protective factors associated with better mental health outcomes among respondents with and without childhood maltreatment histories. The second explores medication use and comorbidity reported by Canadians, in this context. The third paper tests a mediated model of childhood maltreatment types as predictors of self-reported cancer diagnosis, when effects due to mental illness and health risk behaviours are statistically controlled. These new Canadian findings will be contextualized with existing clinical and population-representative data from other countries.
Childhood abuse and adult health: Evidence from the Canadian community health survey 2012 – Mental Health: Individual- and relationship-level factors related to better mental outcomes following child abuse

Monday, 29th August - 16:30 - Symposium 5 - Symposium

Dr. Tracie Afifi (University of Manitoba), Dr. Harriet Macmillan (McMaster University), Ms. Tamara Taillieu (University of Manitoba), Ms. Sarah Turner (University of Manitoba), Ms. Kristene Cheung (University of Manitoba), Dr. Jitender Sareen (University of Manitoba), Dr. Michael Boyle (McMaster University)

Objective: Child abuse can have devastating mental health consequences. Fortunately, not all individuals exposed to child abuse will suffer from poor mental health. Understanding what factors are related to good mental health following child abuse may provide important evidence-based insights to inform intervention strategies. Our objectives were to: 1) describe the prevalence of good, moderate, and diminished mental health among respondents with and without a child abuse history; 2) examine the relationships between child abuse and good, moderate, and diminished mental health outcomes; and 3) examine the relationships between individual- and relationship-level factors and better mental health outcomes among respondents with and without a child abuse history; 4) determine if sociodemographic characteristics and individual- and relationship-level factors moderate the relationship between child abuse and mental health.

Method: Data were from the 2012 Canadian Community Health Survey: Mental Health, nationally representative of the 10 Canadian provinces. Respondents were 18 years and older (n = 23,395; household response rate = 79.8%).

Results: Only 56% of respondents with a child abuse history report good mental health compared to a much higher proportion of 72.4% of those without a child abuse history. Importantly, among respondents with a child abuse history, 35.6% and 8.1% have moderate and diminished mental health, respectively. Individual- and relationship-level factors associated with better mental health outcomes included: higher education and income, moderate to vigorous physical activity, good coping skills to handle unexpected problems and day-to-day demands, and supportive relationships with friends and family that foster attachment, guidance, reliable alliance, social integration, and reassurance of worth.

Conclusions: This study identifies several individual- and relationship-level factors that could be targeted for intervention strategies aimed at improving mental health outcomes following child abuse.
Childhood abuse and adult health: Evidence from the Canadian community health survey 2012 – Mental health: Overview

Dr. Andrea Gonzalez (Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, ON; Offord Centre for Child Studies, McMaster University, Hamilton, ON), Dr. Rebecca Casey (York University), Dr. Mark Ferro (McMaster University), Dr. Harriet Macmillan (McMaster University), Dr. Lil Tonmyr (Public Health Agency of Canada), Dr. Michael Boyle (McMaster University)

Research has shown that various childhood risk factors are related to increased risk for mental disorders and chronic physical conditions (CPCs) later in life. However, little is known about risk factors associated with comorbidity for these conditions. Using data from the Canadian Community Health Survey: Mental Health, we examined the association between retrospective reports of childhood maltreatment (physical and sexual abuse, and exposure to intimate partner violence) with mental health problems, chronic pain conditions (migraines and back pain), or other chronic physical conditions (respiratory, cardiovascular, digestive disorders, diabetes and epilepsy) and the comorbidity of CPC categories with mental health problems. After adjusting for sociodemographic variables, we found that all types of child abuse were associated with comorbid conditions, including pain and mental disorders, other CPCs and mental disorders, to all three types (adjusted odds ratios ranged from 1.86 to 4.84). Efforts targeting the prevention and treatment of childhood maltreatment are critical in order to prevent the long lasting impact of childhood adversity on mental and physical outcomes later in life.
Creating a trauma-informed workforce from the perspectives of youth and alumni of care

Ms. Janice Cole (International Foster Care Alliance), Dr. Amy Salazar (Social Development Research Group), Ms. Miho Awazu (International Foster Care Alliance)

Too often, foster youth are defined by the problem behaviors they exhibit, without an understanding of the complex trauma that rests underneath the surface.

There are 415,129 U.S. youth in foster care and about 45,000 Japanese youth living in out-of-home placements - most in large, group home facilities. Youth in these two countries suffer from complicated emotions and trauma related to their past abuse and neglect, as well as from an astounding lack of quality mental health services available to them. In both countries, foster youth have considerably worse outcomes than youth who grow up in traditional home settings. To combat these outcomes, International Foster Care Alliance (IFCA) seeks to create a venue for foster care alumni, professionals, and caregivers to collaborate on how to better serve foster youth globally.

Through an interactive workshop, IFCA and Dr. Amy Salazar will share information about the rising use of trauma-informed trainings for professionals who support foster youth. In a twist on the usual style of presentation, our research expert will be joined by experts of a different kind: alumni of the Japanese and American foster care systems who have special insights into the policies and practices that most impact young people. Alumni of care from the U.S. and Japan will share their first hand experiences of foster care, under the framework of mental health and trauma, and facilitate activities and discussion with workshop participants on the value of adding youth perspective into mental health service provision. Ultimately, this workshop will argue that training a workforce to be trauma-informed is not enough. In order to best support this vulnerable population, mental health service providers and social workers should be educated on the unique challenges and barriers foster youth face so that they can become healthy members of a global community.
Preventing child maltreatment and child conduct problems in LMIC: A randomised controlled trial of parenting for lifelong health (PLH) for parents of children aged 2-9

Monday, 29th August - 16:30 - Workshop 11 - Workshop

Prof. Catherine Ward (University of Cape Town), Mr. Jamie Lachman (University of Oxford and Clowns Without Borders SA), Dr. Jamie Lachman (University of Oxford and Clowns Without Borders SA), Ms. Inge Wessels (University of Cape Town), Prof. Lucie Cluver (University of Oxford), Prof. Frances Gardner (University of Oxford), Prof. Judy Hutchings (Bangor University), Dr. Reshma Kassanjee (University of Cape Town), Prof. Francesca Little (University of Cape Town)

Introduction: Child maltreatment can be prevented through early intervention with parent skills training. However, very few parenting programmes have been developed for or evaluated in low- and middle-income countries. The Parenting for Lifelong Health Programme (for parents of children aged 2-9) was developed to address this gap.

Objectives: To test a novel, evidence-informed, low-cost parenting programme in South Africa, to assess whether it: (1) reduces harsh parenting; (2) increases positive parenting; (3) reduces child conduct problems, which can trigger harsh parenting.

Methods: 296 parents were recruited from peri-urban townships near Cape Town, South Africa. Half were randomly assigned to receive the 12-session parenting programme, and half to the control group. Harsh parenting was assessed using the ISPCAN Child Abuse Screening Tool (the ICAST-P); positive parenting using two subscales of the Parenting Young Children measure (Supporting Positive Behaviour and Setting Limits), and child behaviour using the Eyberg Child Behavior Inventory. Parenting and child behaviour were also assessed through observation, using a modified version of the Dyadic Parent-Child Interaction System. These were assessed at baseline, post-test (immediately after the intervention group had completed the 12-week programme), and one year after the post-test (with follow-up rates over 90% at both post-test and one-year follow-up). A strict intent-to-treat analysis was conducted, as well as a per-protocol analysis.

Results and Conclusions: Parent self-report data at post-test suggests that the intervention increased positive parenting, and that there were decreases in harsh parenting and in child conduct problems, in both experimental and control groups. The intervention significantly reduced the intensity of child conduct problems at post-test, compared with the control group. Further results from the observational data and one-year follow-up will also be presented. The Parenting for Lifelong Health Programme may potentially be useful for improving positive parenting in low- and middle-income settings.
C-Change: An approach to assessing parental capacity to change

Monday, 29th August - 16:30 - Workshop 12 - Workshop

Dr. Dendy Platt (University of Bristol)

Objectives
This workshop will present findings from a project in England involving the design and piloting of the C-Change method of assessing parents’ capacities to change where children are considered at risk of maltreatment. This area of practice is underdeveloped currently, and our argument will be that a significant part of a social worker’s assessment is missing as a result.

Method
The C-Change approach uses a two-part process, comprising an examination of psychological and contextual factors affecting capacity to change, and the measurement of actual changes achieved in the short term. It has been developed from work in various countries and a variety of disciplines, and draws on research into behaviour change, studies of readiness for change, work with parents whose children have mental health difficulties, and offender management. The study, on which the workshop will be based, was a Knowledge Exchange Opportunities Scheme project, funded by the Economic and Social Research Council in England, completed in 2015.

Presentation of the C-Change approach will be balanced by discussion and interactive exercises through which participants will develop greater understanding of the importance of parental capacity to change within an assessment, and of the barriers and facilitators of such change.

Results
The C-Change approach was piloted successfully in three local authority children’s services departments in England. Training was provided for 129 social workers, social work managers and family support workers. The approach was very well-received; the evaluation demonstrated a high level of application in practice, and significant increases in confidence in assessing parental capacity to change.

Conclusions
From the pilot evaluation, the benefits of the approach included:

- Significantly improved practitioner skills, knowledge and confidence in assessing parental capacity to change;
- Improvements in social workers’ analyses in assessments;
- Improved decision-making within the child’s timescales.
Examining the effectiveness of communication approaches to address violence against children: A global systematic review

Tuesday, 30th August - 10:30 - Innovative Interventions in Systems - Oral

Dr. Suruchi Sood (Drexel University), Ms. Carmen Cronin (Drexel University), Ms. Neha Kapil (UNICEF), Ms. Clarice Da Silva E Paula (UNICEF), Ms. Theresa Kilbane (UNICEF), Dr. Rafael Obregon (UNICEF)

In 2006, the United Nations Secretary-General’s Study concluded that violence against children (VaC) happens everywhere, in every country and across social groups. Addressing VaC requires a culture supportive of child rights and the adoption of positive norms and practices.

Objectives: Communication for Development (C4D) approaches, which include data and theory driven mass, community, group and interpersonal communication strategies, can challenge socio-cultural norms and practices perpetuating and condoning violence and facilitate desired changes in knowledge, attitudes and behaviours. This systematic review answers the question: “What are the effects of C4D approaches to address VaC?” The systematic review: identified the range and scope of interventions implemented using C4D approaches to address VaC; assessed their effectiveness; and developed programmatic and research recommendations.

Methods: The systematic review examined peer-reviewed and grey literature published between 2000-2013 that utilized C4D approaches and specified children as the key audience or beneficiaries. The systematic review yielded 80,532 manuscripts, of which 302 met review criteria and were coded.

Results: The findings revealed that few interventions are guided by conceptual models, use specific criteria to write measurable programme and communication objectives, segment audiences, or leverage multiple channels. Furthermore, there is a paucity of robust and rigorous evaluation data, especially from low- and middle-income countries, and a serious underutilization of participatory research methods involving children for evaluation. Interventions conducted at scale are notably absent.

Conclusions: Moving forward, interventions should incorporate attention across the life-cycle, address social, emotional and behavioural competencies, embrace a social ecological perspective, and segment audiences with a focus on gender. It is essential to enhance investments in research. UNICEF and partners have developed a set of guidelines to inform programme efforts underway to prevent and respond to violence against children. These guidelines will be rolled out and monitored to build a stronger evidence base in the coming years.
Cooperation with the UN CRC and CR connect as a mechanism for civil society to engage Governments to fulfill its international obligations

Tuesday, 30th August - 10:53 - Innovative Interventions in Systems - Oral

Mr. Andrey Makhanko (INGO Ponimanie/ VSI Supratingumas), Dr. Kimberly Svevo-Cianci (Changing Children’s Worlds Foundation)

Introduction

The UN Convention on the Rights of the Child (UNCRC, 1989) has established monitoring and reporting mechanism for Governments in area of implementation of the Convention in national legislation and follow up procedures. Besides State-parties, Child Rights Connect (former NGO Group for CRC) offers a guidance and support Civil Society, non-governmental organizations (NGO) and NGO Coalitions to submit Alternate Report to the UN Committee on the Rights of the Child (UN CRC).

Description of Innovation and Best Practice

In 2010 the Coalition of CRPCI/CCWF (USA) and Ponimanie (Belarus) has submitted Technical Supplement to 3-4th United State Party Periodical Report of Belarus to the UN CRC. Technical Supplement was about Article 19, related articles, and GC-13. Methodologically Technical Supplement was based on MERSCI Tool (Svevo-Cianci, 2008). CR Connect supported representatives of Coalition to present the Technical Supplement to the Committee, and protect it during the 58th Session of the Committee in 2010-2011. Dialogue with the Chair, Reporter, and Members of the Committee allowed explaining local peculiarities and promote relevant paragraphs of Concluding Observations to the State-Party after review of Periodical Report. Following to Concluding Observations, promoted paragraphs on 1) Child Helpline Belarus launch; 2) Establishment of Child-friendly Procedures for Child-victims of Crime; and 3) Strengthening of Partnership of Government and Civil Society in Protection of Children; - were included in National Plan of Action adjusted in Belarus for 2012-2016. Ponimanie, using MERSCI Tool, continues monitoring of implementation Art. 19, and states significant progress towards promoted paragraphs.

Conclusion.

1. There is effective mechanism to bring civil society voice to the UN CRC.
2. Mechanism works excellent, especially with Governments neglecting the role of civil society.
3. NGO/Coalition has to be responsible to implement/lobby and monitor further at national level all measures promoted at Concluding Observations and recommended by the Committee.
Confessions of a youth serving organization: An agency’s journey of change

Tuesday, 30th August - 11:16 - Innovative Interventions in Systems - Oral

Ms. Kim Wirth (Boys and Girls Clubs of Calgary), Ms. Katie Davies (Boys and Girls Clubs of Calgary)

With the launch of Calgary’s 10 Year Plan to End Homelessness, Boys and Girls Clubs of Calgary Youth Housing & Shelter Programs began a change management process which reviewed how we worked with young people experiencing homelessness. Following a review of our program outcomes, gathering feedback from youth, engagement with other youth serving organizations and analysis of the services we offered, we began to shift our approach from “managing” to ending youth homelessness. We began by asking this question for every youth we served: “What would it take to end this youth’s homelessness with this experience”. It was through this process that we were able to identify many of the barriers that young people faced in trying to exit homelessness. Our learning was that many of these barriers were created by ourselves, agency policy and procedures. Through adopting a strength-based relationship, stages of change, trauma-Informed, client-centered approach in our Youth Housing & Shelter Stream we began to see a shift the outcomes youth were experiencing.

Today, the Boys and Girls Clubs of Calgary Youth Housing & Shelter Stream offers a unique and innovative continuum of services for youth who are at-risk of or are experiencing homelessness. The continuum bridges family based case management to prevent homelessness to Housing First for youth. Our goal in every program is to end each youth’s experience of homelessness with the current episode. This means the adoption of an individualized “do whatever it takes” approach in supporting our youth. As such, we have committed to guiding principles that together as a stream ground our work in this unique philosophy of practice.
Innovative technology to support children and families through child abuse investigations

Tuesday, 30th August - 11:39 - Innovative Interventions in Systems - Oral

Ms. Emily Synnott (Sheldon Kennedy Child Advocacy Center)

Child abuse can lead to significant and life altering impacts for a child. The subsequent investigative, assessment and treatment process can result in re-traumatization or systemic trauma, increasing the time and efforts required by professionals, and exacerbating the symptoms of trauma experienced by the child. Committed to ensuring a child-friendly space and trauma-informed services, the Sheldon Kennedy Child Advocacy Centre’s unique and innovative Child Life Specialist position has led to significant positive outcomes for both children and professionals at the Centre. For example, observational data suggests that when specialized interventions are used to prepare children, the average length of sexual abuse exams has been reduced by 50%. In the last 36 months, there have been more than 8,500 visits to the Play Space by children receiving child abuse services at the Centre.

Using expertise in the areas of child development and trauma, the Child Life Specialist collaborated with Calgary Police Service, RCMP, Child & Family Services and Alberta Health Services – Child Abuse Service to develop an interactive iPad App to provide developmentally targeted information about what children will experience at the Centre. The app has been approved by all partners as a tool that does not compromise the child abuse investigations and has become a critical component of preparing children and youth for child abuse services.

This presentation will provide participants with:

• An overview and demonstration of the interactive App.
• The critical and positive outcomes of providing age-appropriate and trauma-sensitive information and support to children receiving child abuse services.
• Key features of an interactive tool used to support children at a Child Advocacy Centre.
• Strategies for communicating with children in a non-threatening way, empowering them to be active participants throughout the process.
• Simple measures for creating a child-friendly environment within all spaces and budgets.
The Cedar Project: Longitudinal health outcomes associated with childhood neglect among young Indigenous people who use drugs in British Columbia, Canada

Dr. Margo E. Pearce (The Cedar Project), Ms. Kate Jongbloed (University of British Columbia), Mr. Wayne Christian (Splatkin/Secwepemc Nation), Mr. Earl Henderson (University of Northern British Columbia (Cree/Metis)), Dr. Martin Schechter (University of British Columbia), Dr. Patricia Spittal (University of British Columbia)

Background: Indigenous leaders are concerned that historical and lifetime traumas contribute to the HIV/HCV epidemics among their young people. To our knowledge, no previous studies have addressed the longitudinal effects of emotional neglect (EN) and physical neglect (PN) on HIV risk among young Indigenous people who use drugs.

Methods: The Cedar Project is a cohort of young Indigenous people (aged 14-30) who use drugs in Vancouver, Prince George, and Chase, BC. We used the Childhood Trauma Questionnaire (CTQ) to determine experiences and severity levels (none; low/moderate; severe) of childhood EN and PN. Generalized linear mixed effects models explored associations between severity of EN and PN with HIV risk between 2003-2012, adjusting for confounders.

Results: Overall, 266 participants (53% women; mean age 23 years) completed the CTQ and at least one follow-up. For EN, 28.4% reported none, 51.1% reported low/moderate, and 17.8% reported severe experiences. For PN, 20.8% reported none, 36% reported low/moderate, and 39.4% reported severe experiences. Severe PN was associated with having a parent who had attended residential school (p=0.002). In multivariate analyses, an increase of one level of EN severity was associated with being involved in sex work (AOR: 1.88; 95% CI: 1.041-3.412), and injection drug use (AOR: 2.0; 95% CI: 1.113-3.849). A one level increase of PN severity was associated with homelessness (AOR: 1.33; 95% CI: 1.014-1.740); binge drinking (AOR: 1.5; 95% CI: 1.094-2.098); blacking out while drinking (AOR: 1.5; 95% CI: 1.082-2.105); inconsistently using condoms (AOR: 1.52; 95% CI: 1.025-2.258), and; binge injection (AOR: 1.64; 95% CI: 1.164-2.325).

Conclusion: Childhood neglect continues to negatively impact the health of young Indigenous people and contributes significantly to their vulnerability to HIV and HCV infection. The urgent need to develop public health responses that incorporate both historical trauma and cultural strengths to reduce risks cannot be overstated.
Practical implementation of policy and procedure initiatives which guide organisational and cultural enhancement

Tuesday, 30th August - 11:16 - Aboriginal Populations - Oral

Mr. Trevor Walker (The Salvation Army - Australia Southern Territory)

International Society for the Prevention of Child Abuse and Neglect

Abstract – Calgary 2016

Introduction

In Australia the current Royal Commission into Institutional Responses to Child Sexual Abuse provides the unique opportunity to discuss systems and workplace responses to allegations of abuse and neglect as it relates to The Salvation Army and wider community engagement. The Royal Commission was established in January 2013 and will conclude in December 2017.

Practical Implementation of Policy and Procedure Initiatives Which Guide Organisational and Cultural Enhancement

Trevor Walker

Director Territorial Professional Standards

Australia Southern Territory - The Salvation Army

The challenges of implementing policy and procedures over an extremely large geographic region, within which individual state governments and legislation are involved, present the need for effective and practical policy initiatives. A major concern is to ensure the systems, policy and procedures developed create effective responses to sexual and/or physical child abuse matters and reporting.

Within this context, the necessity to create and maintain strong stakeholder relationships, develop pastoral support, counselling and enhance victim-centric responses (amongst other matters) become a necessity for ensuring operational responses are supportive and caring while also protective and preventative initiatives are developed and implemented.

This presentation examines the past, present and future responses to child sexual and/or physical abuse and developments. It will also outline the responses to contemporary and historic child abuse matters that not only ensure a victim-centric approach but also focus on the future organisational direction in a preventative and protective manner. Further to this, it will explore the need for the organisational culture to progress and enhance its current knowledge base to a wider responsive and educational model.

The experience and observations of former New Zealand Police officer of 20 years, Trevor Walker, will inform the presentation throughout.
The intergenerational transmission of abuse: The roles of attachment and parental self-reflectiveness

Tuesday, 30th August - 10:30 - Family Issues and Their Impact - Oral

Dr. Galit Harel (Ashkelon Academic College, School of Social Work, Ashkelon, Israel (78211).), Prof. Ricky Finzi-Dottan (Bar Ilan University, School of Social Work, Ramat-Gan, Israel)

Aims: The present study aimed to investigate the impact of childhood experiences of abuse and neglect on personality characteristics and parenting behavior in adulthood. The study is based on the developmental psychology models of Attachment Theory and the Theory of the Mind, which describe positive correlation between histories of abuse, attachment and parental reflective deficits.

Method: Two hundred and thirteen Jewish and Arab parents of children aged one to six participated in the study and completed six self-report questionnaires assessing childhood experiences of abuse and neglect, attachment characteristics, affect regulation, cognitive appraisal of parenthood, parental self-reflectiveness and parenting patterns.

Results: Parents who had experienced childhood abuse and neglect, typically displayed insecure attachment, scored lower in emotional control and lower in parental reflective functioning. Negative correlation was found between avoidant attachment and parental reflective functioning among parents who had experienced childhood abuse and neglect. The results also support existing differences between the effects of physical and sexual abuse versus emotional neglect in childhood, whereby parents who experienced physical and sexual abuse reported greater harm to personality characteristics (insecure attachment and affect regulation capacity) and parental behaviors compared to parents who experienced emotional neglect. The main findings arising from the regression analyses indicate that personal attributes such as nationality, childhood experience of neglect, personality traits (attachment characteristics and affect regulation) and cognitive appraisal of parenthood, predict at-risk parenthood.

Conclusions: The results support the notion of a vicious cycle leading from personality damage inflicted by childhood abuse and neglect to personality and parenthood. Practical applications of the present study would be to design appropriate prevention and treatment programs improving the quality of parent-child relationship. Interventions that strengthen the perception of parenting as a challenge rather than a threat are also recommended.
Intergenerational transmission of family violence: Affect dysregulation as a predictor of young adult IPV perpetration

Dr. Katherine Maurer (McGill University School of Social Work)

Background and purpose: Intimate partner violence (IPV) occurs at particularly high rates among young adults (e.g., Sunday et al., 2011). Rates for adolescents, affect regulation capacity plays an important role in IPV perpetration proximally and distally (e.g., Jouriles et al., 2012; Penney & Moretti, 2010). Adolescents are uniquely vulnerable to impairment of self-regulation mechanisms and patterns of affect dysregulation often persist into adulthood (Nader, 2011). The current study examined affect dysregulation over time as a predictor of physical IPV perpetration in young adulthood for family violence-exposed adolescents, and perpetration patterns by gender, as prior research has suggested high rates of female physical IPV, particularly in bidirectionally violent young adult couples (Whitaker et al., 2007).

Methods: Using 3 panels of prospective data from a cohort of 15 year olds (N=338) from the Project on Human Development in Chicago Neighborhoods longitudinal study (Sampson, 2011), the current study employed structural equation modeling to test an autoregressive relationship of affect dysregulation over three developmental stages to predict young adult IPV. Measures included a proxy variable using syndrome subscales of the Child Behavior Checklist (Achenbach & Rescorla, 2001) and a version of the Conflict Tactics Scale (Straus et al., 2003).

Results: The affect dysregulation proxy variable tested positively for measurement invariance and factor loadings were strong in all three waves. Affect dysregulation was significant autoregressively. Females scored on average 10% higher on all measures of dysregulation and were significantly more likely than males to perpetrate greater frequency and severity of physical IPV and report bidirectional IPV.

Implications: Results suggest that affect dysregulation in adolescence persists over time to predict young adult IPV outcomes, particularly for females. Further research is needed to explore the gender component of this relationship. Affect-oriented components are suggested as an essential aspect of strategies to prevent IPV perpetration in young couples.
Emotional neglect, parent-child interaction and language development in children of parents with an emergency visit due to psychosocial problems

Tuesday, 30th August - 11:16 - Family Issues and Their Impact - Oral

Ms. Maj Gigengack (Academic Medical Center, Department of Child and Adolescent Psychiatry), Dr. Eva Hoytema Van Konijnenburg (Academic Medical Center, Department of Pediatrics), Dr. Robert Lindeboom (Academic Medical Center, Department of Clinical Biostatistics), Mrs. Arianne Teeuw (Academic Medical Center, Department of Pediatrics), Prof. Johannes van Goudoever (Academic Medical Center, Department of Pediatrics; VU University medical center, Department of Pediatrics), Dr. Ramón J.L. Lindauer (Academic Medical Center, Department of Child and Adolescent Psychiatry; de Bascule, Academic Center for Child and Adolescent Psychiatry)

Background: In 2010 a new policy concerning child maltreatment was introduced in hospitals in Amsterdam, the Netherlands. This policy requires that children whose parents visit an emergency department because of intimate partner violence, substance abuse or a suicide attempt (psychosocial problems) are screened for child maltreatment. Because this policy is relatively new, consequences for young children growing up in these families are unclear. We hypothesize that emotional neglect is common in these families. Emotional neglect is difficult to identify, but can have serious consequences for young children, including language delay, disturbed parent-child interaction, posttraumatic stress symptoms (PTSS) and behaviour problems.

Objectives: We aim to compare young children of families with and without an emergency visit due to parental psychosocial problems on language development, PTSS, behaviour problems and parent-child interaction. Furthermore, we aim to explore leads for the identification of emotional neglect.

Method: Thirty-five children aged 2-7, whose parents visited a hospital in Amsterdam because of psychosocial problems were included (Cases). Cases were compared to a community sample of 36 children with similar backgrounds (Controls). We used the following measures: Peabody Picture Vocabulary Index (PPVT) for language development; CRIES for PTSS; CBCL for behaviour problems. Parent-child interaction was measured by coding parent-child play situations with 2 coding schemes (DPICS/EAS).

Results: Preliminary results showed that cases scored significantly higher on PTSS and behaviour problems than controls, with respectively large (MD=11.4, 95%CI 7.7, 15.0, d=1.46) and medium (MD=6.9, 95%CI 1.9, 12.0, d=0.66) effect sizes. Cases scored on average 8.9% worse on the language test than controls, effect size was medium (MD=-9.3, 95%CI -17.3, -1.2, d=-0.54). Results of the parent-child interaction are forthcoming.

Conclusions: Children of parents with an emergency visit due to psychosocial problems show more behaviour problems and PTSS and score lower on language development, which may be associated with emotional neglect.
Social network and social support to the families involved in violence against children and adolescents in Brazil: Routes to care

Tuesday, 30th August - 11:39 - Family Issues and Their Impact - Oral

Dr. Diene Carlos (University of São Paulo), Prof. Maria Das Graças Carvalho Ferriani (University of São Paulo)

Familiar violence against children and adolescents (FVACA) is still a great challenge to the health sector and to the other sectors of protection to these actors. Social, emotional, psychological and cultural factors, as well as the lack of knowledge of the users and professionals of these sectors, hamper recognizing and following the violent events. In this sense, the concept of social networks has been arisen as a possible novel manner to understand certain problems and cope with them, and to look to the health-disease process as something complex, not only as a product of the biological system. The main objective of this study was to contribute to improve the comprehension on the social network and social support to the families involved in FVACA, in a municipality of São Paulo, Brazil. Data collection in this study with a qualitative approach were performed by documental search, semi-structured interviews, and minimum maps of relationships of the personal social networks of 15 families, followed up by a Non-Governamental Organization (NGO) to care to FVACA. The collected data were analyzed on the basis of the complexity paradigm; such analysis were guided by the comprehension and contextualization of the data. The results showed reduced and homogeneous networks, with low density. Social support is usually done through informal ways, in the emotional and instrumental type. The NGO was presented as an important social support in these areas. The families showed reduced empowerment to seek resources, while they were remaining passive in adverse life situations. This research concluded the need to build more effective projects of intervention with these actors, as well as to promote the individual and community empowerment.
Development of an evidence-based audit tool to assess school system provision for child sexual abuse prevention

Tuesday, 30th August - 10:30 - School-based Programs - Oral

Dr. Kerryann Walsh (Queensland)

Objectives: The past four decades have seen increasing public and professional awareness of child sexual abuse and, in many countries, the provision of school-based programs has been a core strategy in public health-oriented prevention efforts. At a system level, however, relatively little is known about what school provision exists, if any. This presentation introduces a new audit tool for assessing the scope and nature of school system-level provision of child sexual abuse prevention.

Methods: We developed an audit tool for primary (elementary) school systems based on a comprehensive international search of the academic and grey literature, relevant guideline databases, and child welfare agency websites. We adapted and integrated frameworks from related areas including primary prevention, health promotion, and safe schools, from which we distilled key criteria.

Results: Our audit tool has 10 key criteria each with a set of guiding questions relevant to the provision of school-based child sexual abuse prevention. The audit tool has since been trialled in two Australian research projects: the first involved 8 school systems; and the second involved 32 school-systems and incorporated an additional stakeholder feedback loop. The school-system audit can be undertaken independently as data are collected from material that is publicly available on school-system websites and/or libraries.

Conclusions: The audit tool can be used to assess and, in relevant circumstances, compare school system provision in the domains of policy and curriculum. Audit results may be used as a benchmarking exercise, to support strategic decision making, and as a catalyst for system reforms to focus and enhance and prevention efforts.
The role of schools in preventing and reporting violence and abuse of children - Voices from teacher students and young people

Tuesday, 30th August - 10:53 - School-based Programs - Oral

Dr. Carolina Overlien (Norwegian center for violence and traumatic stress studies)

By taking its starting point in two research studies, this presentation will focus on the role of schools in preventing and reporting violence and abuse of children and young people. In one study, 22 Norwegian young people (age 13-17) were interviewed about their exposure to violence, the barriers for seeking support, and their views about intervention and prevention was explored. The interviews were analyzed using a framework analysis (Srivastava and Thomson, 2009). In the second study, a web survey, focusing on how much teaching students studying to become teachers have received when it comes to physical and sexual abuse of children, was answered by a total of 386 students from nine universities in Norway. The answers were processed in SPSS. The students also had the option of writing comments at the end of the survey. The 127 comments were systematically analysed, using a thematical analysis (Braun & Clarke, 2006). The results show that 30% of the teachers receive no teaching on violence and abuse of children during their four year education, and the students who do get teaching report it is seriously lacking in quantity and continuity. In contrast, the interviews with the 22 young people showed that school was the most frequently mentioned arena where young people thought violence prevention work should take place. Young people suggested a number of ways in which schools could engage in preventive activities. One of the main barriers for seeking support was that teachers lacked necessary knowledge about violence. The findings of teachers’ limited education on violence and abuse of children, and young peoples’ wishes for teachers and schools to address this topic, will be discussed in the light new policies in Norway emphasizing the responsibility of all professional groups who meet children in their everyday life in regards to reporting and prevention.
Identifying children at risk in Swedish schools

Dr. Gudrun Elvhage (Stockholm University, Department of Social Work), Dr. Maria Forsner (Dalarna university)

The obligations to report a child at risk has high legitimacy in Sweden. This legislation has counterparts in several countries like the USA, Canada and Denmark but in many countries, such as England, the Netherlands and Belgium, there is no obligation to report (Backlund et al 2012). Professionals of various occupations, working in six different schools for children 6-15 years old in Sweden were invited to participate in the study in 2015. To get access to school professional’s situation when worrying for children being neglected and/or abused a qualitative interview study was performed. Questionnaires were used to identify signs of maltreatment of 6-15 year old children, moral sensitivity in school professionals, work related moral stress in school professionals and ethical climate in school. The questionnaires to school professionals were previously designed and validated in other contexts and adapted now to the school environment.

Consequently the aim of this study was to illuminate school professional’s situation when worrying for a child being exposed for abuse and neglect. In summary there seem to be a gap between the numbers of children exposed to neglect and abuse and reported cases of six different schools in Sweden. At the same time the situation when considering to report in accordance with the law can be stressful. The future intervention will generate for helping professionals observe children at risk. School staff felt that they had a good ability to perceive that a student mistreated but they need help for measuring neglect and aid to specify the factors previously given them a more vague sense that something is not right.
The role of education in preventing child abuse in Kenya

Tuesday, 30th August - 11:39 - School-based Programs - Oral

Mrs. Sophie Omutanyi (ANPPCAN KENYA)

Introduction

Child abuse is any act, or failure to act, by a parent or other caregiver that results in actual or potential harm to a child. It includes all forms of physical abuse, sexual abuse, psychological abuse, or neglect, and can occur in a child’s home, or in the organizations, schools or communities the child interacts with. Children identified as vulnerable our community include:- orphans, children from single parents, children from violent marriages i.e father comes home drunk and starts beating children and the mother, children from dysfunctional families i.e mother brings in different men in the house and practice sex when children are around, children staying with parents who make and sell traditional brew. Some forms of child abuse these children get exposed include:- Pornography, child prostitution, child labour, physical beating, child soldier, forced marriages, female genital mutilation, children dropped out of school and child trafficking. Most of these children are exposed to these abuses due to poverty especially lack of basic needs i.e food, clothing and shelter forces girls to prostitution since they are paid and can afford food. Insecurity i.e during post election many children were defiled while running after their lives. Child headed families especially where children are left orphans hence no one to protect them from the abusers. Dysfunctional families e.g a mother who brings in different men in the house, her girls emulate and do the same for exchange of money.

Conclusion

This paper outlines some of existing child abuse cases in the country citing examples from the communities and identifies the existing gaps in child protection structures and thereafter come up with recommendations to prevention of child abuse.
From the zone of risk to the zone of resilience: Investigating resilience in child protection in Argentina, Canada & Ireland

Tuesday, 30th August - 10:30 - Systems and the Workforce - Oral

Prof. Dermot Hurley (Kings University College at Western)

Objective

This study explores the concept of resilience in Child Protection and examines how child protection workers (CPW’s) construct and promote resilience in different cultural settings. It also examines how CPW’s can remain resilient through a process of shared resilience with clients. The goal is to identify resilience-based interventions and to understand the process by which CPWs remain competent and committed despite work related adversity. The study asks three basic questions. (1) How is the concept of resilience understood within child protection practice? (2) What do CPW’s do to promote resilience in children and families? (3) How does shared resilience protect against compassion fatigue and burnout?

Method

Interviews were conducted in three different countries allowing for diversity of culture, policy and practice in the delivery of child welfare services. Through a series of 60 semi-structured interviews, CPWs were encouraged to discuss their views of resilience, and to reflect on how resilience based work impacted their own sense of resilience. Interviews were taped and transcribed and qualitative thematic analysis was conducted using an adaptation of Interpretative Phenomenological Analysis. Although many similarities were identified, significant differences were found with respect to how resilience is constructed and promoted in each location. Differences were also identified in how CPWs remain resilient (committed and competent) despite adversity.

Results

Findings from the study suggest that resilience is not a unitary concept and that the idea of collective resilience (teams, communities, shared & vicarious) may be more meaningful for many CPW’s than an individualized notion of resilience. Social work practitioners struggle to support resilience in children because of the contradictions and ambiguities of child protection practice.

Conclusion

It is hoped that the study will encourage knowledge generation and reflection on the importance of resilience-based supervision, and contribute to helping children and CPWs develop more resilient relationships.
Preparing social workers as mandated reporters of suspected child maltreatment

Dr. Kathryn Krase (Long Island University), Dr. Tobi DeLong Hamilton (University of Utah)

Objectives

As mandated reporters of suspected child abuse and neglect, social workers are an integral source of reports to child protective services (Krase, 2008). It is unclear what role social work education plays in preparing social workers for this responsibility. This study explored how undergraduate and graduate social work programs in the United States prepared students as mandated reporters.

Methods

A cross sectional design was employed using an online survey administered through Qualtrics Survey Software. Respondents were asked a series of questions about how the programs were providing social work students with content related to the obligation to report suspected child maltreatment. Questions were related to the timing of providing such content to students, as well as the content, and methods for providing such information.

Results

This study found that while the vast majority of American programs provide students with some content related to their role as reporters of child maltreatment, there are varying ways such content is provided, and many avenues for improvement.

While the vast majority of American programs provide social work students with some content related to their role as reporters of child maltreatment, the results of this study suggest there are many avenues for improvement.

Conclusion

Globally, social workers are guided by a code, which focuses on human rights, dignity, social justice and professional conduct (IFSW, 2014). Although this document does not specifically provide guidelines for the international social worker in cases of child maltreatment, it can serve as a guide for social workers facing ethical dilemmas that involve child welfare cases in countries with no mandated reporting laws. Additionally, training international social workers about the impact of child abuse and neglect could be the gateway, for countries with limited mandated reporting laws or child protective services, to begin strengthening child protective services and laws globally.
The cost of child abuse is staggering. A report to the Law Commission of Canada measuring individual and government costs identified the total minimum cost of child abuse in Canada to be $20.53 billion annually. Building a compelling vision for a new approach to child abuse is critical to the Sheldon Kennedy Child Advocacy Centre’s model of integrated practice. The Centre goes beyond simply co-locating staff and coordinating activities. A number of key features set the Centre’s integrated practice model apart from other Child Advocacy Centres, or traditional service delivery models.

In partnership with KPMG, a professional services with expertise in supporting human and social services organizations internationally, the Centre will define what integrated practice is, how it works at the SKCAC, as well as its strategic partnership with KPMG. Participants will learn about a recent social impact study, the results and the approach that other organizations can take to measure the social impact of integrated responses to child abuse. Findings indicated that within one unit alone, productivity improvements amount to approximately $550,000 annually across stakeholders.

The impact study undertaken helped to identify benefits in the following categories:

- Improvements in productivity across each of the Centre’s partner agencies (e.g. police, child and family services, health services, etc.).
- Improvements in the effectiveness/quality of service delivery.
- Mitigation of long-term impacts/costs of abuse for children, families and support systems.
- Policy and practice leadership in the prevention and response to child abuse.

During this interactive workshop, participants will learn: how a social impact study can be applied in the context of a multi-dimensional issue, such as child abuse, which transcends multiple branches of government. Ultimately, participants will leave the session with a better understanding of how they can demonstrate the social and economic impact of their integrated practice.
A multidisciplinary team response to child abuse investigations & vicarious trauma

Tuesday, 30th August - 11:39 - Systems and the Workforce - Oral

Ms. Tanya Smith (The Hospital for Sick Children), Ms. Pearl Rimer (Boost Child & Youth Advocacy Centre)

A Child & Youth Advocacy Centre (CYAC) is a coordinated, multidisciplinary response to the investigation, protection, treatment, advocacy and prosecution of child abuse cases in a child-friendly environment. Working in a CYAC has been shown to have many benefits, including a more effective and efficient approach to cases and positive relationships among partners. While many of these benefits are experienced and well understood, the impact and protective role that the CYAC plays in the reduction of vicarious trauma amongst staff has not been well researched. Many who have studied vicarious trauma and its protective factors have suggested that a well-functioning collaborative team can have a positive impact on reducing vicarious trauma. When an impactful case suddenly hits a large team, the true meaning of vicarious trauma emerges. While vicarious trauma is well studied in the literature, the experience front-line workers face and subsequently need to manage is not always well reflected; staff and management are forced to implement strategies that are not just theoretical but practical. This presentation will highlight the significant role a CYAC team can have in mitigating vicarious trauma. A detailed case study of a 9 year-old girl and her family will be utilized to explore the various forms of vicarious trauma that emerged from the moment of the disclosure, the confession, the sexual abuse images, apprehension into care, medical examination findings, caregiver support, court preparation, prosecution and trauma treatment. Over a 2-year period, the strategies implemented throughout the different stages of the case will be explored, highlighting how the collaborative relationships inherent within the CYAC decreased vicarious trauma among team members and facilitated timely decisions.
A descriptive study of university-level models for educating future child welfare professionals

Objectives: The purpose of this study was to examine new university-level programs that educate students for child welfare practice. Though the education of future child welfare professionals in the United States has been dominated by the social work degree and accompanying child welfare certificates, new degrees and certificates are emerging. In response to this new trend, several types of educational programs were selected and reviewed.

Method: In order to produce descriptive profiles, two researchers reviewed the university websites of child welfare-related educational programs, analyzed the content available for each program, and produced a matrix of program characteristics. These characteristics were then compared to the traditional social work degree.

Results: The review yielded the following four categories of programs: a full degree program focused on child welfare, a full degree program focused on child advocacy, a certificate program focused on child advocacy, and a certificate program focused on international child protection. While the traditional social work degree provides a foundation in general knowledge and skills with a supplemental certificate in child welfare, the degree programs in the first two categories provide a foundation in child welfare/child advocacy with skills integrated into the courses. The last two categories involved certificate programs that were very similar to the child welfare certificate offered by social work programs. Most of the programs fell within the middle two categories (full degrees or certificates focused on child advocacy) and followed the Gunderson National Child Protection Training Center model.

Conclusions: These results provide the field with an array of new educational models for exploration. Further research is needed to identify the outcomes of these programs and the ideal combination of courses. As the child welfare field is highly dependent on the knowledge and skills of the workforce, this line of inquiry is paramount.
On crossing sacred and profane boundaries in time-space and place: The child protection practitioner as “other”

Dr. Colette Street (Fielding Graduate University), Ms. Yvette Willock (Fielding Graduate University)

Assessing spaces and places for child abuse and neglect is a daunting task. This paper will discuss the difficulties child protection practitioners might encounter while attempting to locate and potentially transcend the boundaries between sacred and profane spaces and places in the biopsychosocial-spiritual ecosystems of abused and neglected children. Child protection practitioners are repairers of the breach, helping to mend generations of parental sociopathy, and “intermezzi,” crossing space and place to secure service delivery between agencies. Accomplishing such tasks is another story, for the practitioner entering the home, agency, or school is xéno; the foreigner; the other, which might also be experienced as a sacred or profane symbol.

Simultaneously, practitioners must recognize and address their own subjective views of otherness (which is an intangible space) within the external spaces and places that are often rife with deceit and violence—environments that can be quite different from their own... sometimes. A solution to such difficulties, which will be presented for discussion and feedback, is to develop time-space intelligent practitioners through a continuous process framework called the Time-Space Intelligence Assessment System for Child Protection Services (TSIA-CPS).
Towards competency-based workforce development: Collaboration between United States and Russian federation child welfare faculty

Tuesday, 30th August - 11:16 - Workforce Issues - Oral

Dr. Ilze Earner (Silberman School of Social Work at Hunter College), Dr. Marina Lalayants (Silberman School of Social Work at Hunter College), Dr. Zubarziat Baranova (Urdmurt State University Ishevsk), Dr. Alexander Baranov (Urdmurt State University Ishevsk)

Competency models offer one strategy in a comprehensive approach to improve recruitment, selection, preparation and retention of the child welfare workforce. The Silberman School of Social Work at Hunter College in partnership with the University of Ishevsk in the Urdmurt Region of the Russian Federation are collaborating to develop cultural competencies across the child welfare functions of child protection, prevention and out of home care that will be incorporated into curriculum development for social workers planning to work in child welfare.

Beginning in 2014 with funding from the Eurasia Foundation, the Silberman School of Social Work has partnered with colleagues in Russia to undertake an endeavor to examine child welfare systems in both countries, identify areas of mutual concern and improve outcomes for families, children and youth in both countries. This presentation will continue to discuss the benefits and challenges of trans-national collaboration, the strategies and support needed for partners to identify common issues, desired goals and outcomes. Building on the groundwork laid in previous collaborations we will address how to effectively sustain knowledge building and the effort needed to disseminate shared knowledge. In 2015 Russian colleagues from Ishevsk were hosted in New York where they were able to observe directly how public child welfare agencies work directly with social work faculty to develop curriculum content for the future child welfare workforce. In a mutual exchange American colleagues traveled to Ishevsk in December 2015 and April 2016 to present a series of special seminars on curriculum innovation to reflect a focus on competency models.

We will identify lessons learned and the potential for continued learning including the support of students interested in the field of child welfare to collaborate on thesis development and faculty research in specific areas of mutual concern.
Development of a standardized training program for team members of hospital based child protection centers in Turkey

Prof. Tolga Dagli (Marmara University), Prof. Mehmet Akif Inanici (Marmara University), Prof. Figen Sahin Dagli (Gazi University Faculty of Medicine), Prof. Mehmet Ali Gulpinar (Marmara University)

Objective: To develop a standardized training program for the team workers of child protection centers in Turkey to provide qualifications for them in order to evaluate abused children in an interdisciplinary and holistic way.

Method: As a first step, a working group was established with 36 members experienced in the area of child abuse and neglect. A professor from the department of medical education acted as an advisory member in this group. Working group was composed of different disciplines such as child and adolescent psychiatry, pediatrics, pediatric surgery, forensic medicine, clinical psychology, nursing, social work and law.

In the workshops, roles and responsibilities of each member of a child protection team was defined emphasizing the importance of interdisciplinary approach. Finally competencies needed to perform the duties of each team member were defined as follows: (1) Integration of the knowledge, critical thinking and decision making (2) Communication skills, interpersonal relations and team work (3) Using computer based technologies for keeping the patients' information (4) Preparation, first interview, preliminary evaluation (5) Psychological examination and evaluation, (6) Forensic interview, examination and evaluation, (7) Interdisciplinary evaluation and reporting (8) Professional attitudes and values. The program was developed in a task and competency based approach.

Results: Three levels of education programs were developed in the light of these competencies. These programs and their methods of education were:

1. Basic Education Program: Presentations of the experts, case/critical situation discussions, group studies, role playing, psychodrama, reflection session.


Conclusion: This standardized training program has been prepared as a manual and put in action. Implementation of such a training will improve the quality of child protection centers' function in Turkey.
Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting.’
Delivering Kosovo’s first parenting program: Challenges, strategies and outcomes

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Ms. Rudina Ademi Shala (Save the Children in Kosovo), Ms. Linda Hoxha (Save the Children in Kosovo), Dr. Christine Ateah (University of Manitoba)

Kosovo is still recovering from the war that raged there in the 1990s. Today, it is classified as a lower-middle-income country, but poverty and unemployment remain widespread. Two-thirds of children experience punitive violence; the rate is even higher among Roma children (Kosovo Agency of Statistics, 2014). As part of its child protection programme, Save the Children in Kosovo participated in a pilot study of Positive Discipline in Everyday Parenting (PDEP) to explore its relevance, feasibility and impact on parents’ attitudes toward physical punishment. PDEP is the only parenting programme that exists in Kosovo. Due to a lack of infrastructure for delivery of parenting programs, 42 community professionals (teachers, psychologists, social workers, probation officers) were trained as PDEP facilitators. A subgroup of them delivered the program to 61 parents living in three cities. Of these, 55 completed standardized pre- and post-test questionnaires that assessed their attitudes toward physical punishment and perceptions of the program’s impact on their parenting. Most were mothers (91.8%) over the age of 30 (71.7%) with one or two children (72.2%) and had at least completed a university/college program (62.2%). Parents’ scores on the Attitudes toward Physical Punishment Scale indicated that their approval declined significantly over the course of the program (p < .001). Following the program, 88.9% of the sample believed more strongly that parents should not use physical punishment, and 85.7% agreed that PDEP would help them to reduce their own use of it. Large majorities agreed that PDEP would help them understand their children’s development (94.3%), communicate better with their children (98.1%), and build stronger relationships with them (96.3%). Virtually all believed more strongly that parents should ask children for their point of view (96.4%). Delivery of PDEP via community professionals appears to be an effective method where parent support infrastructure is lacking.
Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting.’ Reducing parental approval of physical punishment in Japan

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Ms. Ikuko Mori (Save the Children Japan), Mrs. Ashley Stewart-Tufescu (University of Manitoba)

Japan is a highly developed nation; 99% of the population is literate and almost half of 25- to 64-year-old Japanese adults have completed university or college (OECD, 2012). Yet 65% of parents still approve of physical punishment of children (Iwai, 2010). Save the Children Japan has recently adopted Positive Discipline in Everyday Parenting (PDEP) as a core component of its effort to reduce punitive violence through shifting these attitudes. This paper describes a pilot study of PDEP conducted in three communities in Japan. Participants were 39 parents: 100% were over 30 years of age; 72% had completed at least one college or university degree; and 74% had 1 or 2 children. The program was delivered in Japanese by trained facilitators. Its delivery followed the standard protocol described in the PDEP facilitator manual. All parents completed pre and posttest questionnaires, which included 5 items assessing changes in their attitudes toward physical punishment. Significant reductions in support for physical punishment were seen on all items (p < .05). At posttest, 95% believed more strongly that parents should not use physical punishment. On 6 posttest items assessing parents’ beliefs about the impact of the program on their interactions with their children, 100% indicated that they believed PDEP will help them build stronger relationships with their children, understand their children’s feelings, communicate better with their children, and understand their children’s development. More than 90% believed that PDEP would help them control their anger and help them to use less physical punishment. PDEP is a very promising program for shifting Japanese parents’ attitudes toward physical punishment.

References:


Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting.’ Shifting attitudes toward physical punishment in a multicultural context: The case of Canada

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Mrs. Ashley Stewart-Tufescu (University of Manitoba), Dr. Christine Ateah (University of Manitoba), Ms. Leslie Barker (Leslie Barker Consulting), Ms. Jean Tinling (Mosaic Newcomer Family Resource Center)

Canada’s Human Development Index ranks 9th out of 188 countries, placing it into the ‘very highly developed’ category. Yet physical violence against children remains a serious issue. Thousands of cases of physical abuse are substantiated in Canada each year. Most of these incidents occur in the context of punishment, a finding that has fuelled efforts to change attitudes toward physical punishment and to promote constructive approaches to resolving parent-child conflict. As part of these efforts, Positive Discipline in Everyday Parenting (PDEP) is increasingly being implemented. With its highly diverse population, Canada presents unique challenges to the effective delivery of parenting programs. This paper will describe a study of PDEP’s implementation and impact in Canada’s three prairie provinces – Alberta, Manitoba and Saskatchewan – whose populations are multi-ethnic and wide-ranging in terms of education and English literacy. The program was delivered to 564 parents by trained facilitators working in community agencies delivering universal and targeted programming. The program was adapted when necessary for specific populations (e.g., immigrant/refugee parents, parents with low literacy) in consultation with community members. Facilitators administered either the ‘standard’ pre- and post-test questionnaires (n = 368) or shorter ‘low literacy’ versions (n = 196), depending on parents’ English fluency and education levels. Both sets of measures included items assessing changes in parents’ attitudes toward physical punishment. Both groups consisted primarily of mothers (> 80%) over the age of 30 (> 64%) with one or two children (> 54%). While 43.2% of the ‘standard’ group had completed at least one university/college degree, none of the ‘low literacy’ group had done so. At posttest, large and significant decreases in support for physical punishment were seen on all items in both groups (p < .001 in all cases). PDEP has promise for shifting attitudes toward physical punishment among Canada’s diverse population.
Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting.’
Implementing ‘positive discipline in everyday parenting’ among ethnic minorities and in brothel areas of Bangladesh

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Ms. Laila Khondkar (Save the Children in Bangladesh), Dr. Christine Ateah (University of Manitoba), Mr. Firozul Milon (Save the Children in Bangladesh)

In Bangladesh, 74% of children are physically punished at home; 40% are beaten or slapped regularly (UNICEF, 2009). Save the Children Bangladesh is committed to ending this punitive violence. One of our tools in this effort is Positive Discipline in Everyday Parenting (PDEP). But as one of the world’s poorest countries, Bangladesh presents challenges to the implementation of parenting programs. It is one of the most densely populated countries on earth and 43% of the population earn less than $1.25 US per day. With an adult literacy rate of 58%, delivery methods must be flexible and program facilitators must be highly skilled. This paper describes the delivery of PDEP to 94 parents of two ethnic minority groups living in the Chittagong Hill Tracts, and in brothel areas in Faridpur and Rajbari. Program delivery was adapted to meet the needs of these low-literacy populations. Questionnaires constructed for parents with low literacy levels were administered at the beginning and end of the program to assess changes in parents’ attitudes toward physical punishment and their perceived parenting competence. Of the sample, 82 parents completed both questionnaires: 59.3% were mothers; 63.0% were over the age of 30; 80.3% had three or fewer children; 69% had not completed elementary school. The proportion of parents who believed: 1) that spanking is fine if the parent is not angry declined from 24.4% to 3.6% (p<.001); 2) that parents should have the right to use physical punishment declined from 58.5% to 34.6% (p<.01); 3) that they have the skills to be good parents increased from 74.0% to 92.7% (p<.01); and 4) that as parents they often feel like they don’t know what to do declined from 80.2% to 64.2% (p<.02). PDEP has potential to shift attitudes and perceived parenting competence in challenging contexts.
Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting.’ What is ‘positive discipline in everyday parenting’?

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Dr. Joan Durrant (University of Manitoba), Mr. Dominique Plateau (Save the Children Sweden)

Positive Discipline in Everyday Parenting (PDEP) was created as a response to the United Nations Secretary General’s Global Study of Violence against Children, which revealed the high prevalence of punitive violence in children’s everyday lives. Long considered to be an acceptable and even necessary part of childrearing all over the world, physical punishment is rapidly becoming redefined as violence and a violation of children’s fundamental human rights. An ever-growing body of research consistently demonstrates that punitive violence places children’s healthy development at-risk. Save the Children (SC), an international non-governmental organization, has made the elimination of punitive violence a key target of its global child protection program. PDEP developed out of a collaboration between SC and a developmental psychologist, with the goal of transforming parents’ views of their role from control, coercion and punishment to teaching, guidance and mentorship. PDEP is unique among parenting programs in two ways. First, it explicitly promotes children’s rights to protection from physical and humiliating punishment, to dignity, and to participation in their learning. Second, it was designed to be relevant across cultures, both through its focus on universal developmental themes and through delivery adaptations for a range of cultural and social contexts. Neither permissive nor punitive, PDEP aims to help parents understand children’s perspectives and encourages them to resolve conflict collaboratively. It is expected that, over the course of the program, parents will come to view their children as full human beings with valid perspectives, will reject punitive violence, and will adopt approaches to conflict that respect children and promote healthy relationships. This paper will describe how PDEP: 1) was created; 2) implements child rights standards; 3) respects cultural diversity; 4) is delivered; and 4) is being evaluated.
Transforming parents’ beliefs about physical punishment through ‘positive discipline in everyday parenting’

Tuesday, 30th August - 10:30 - Symposium 6 - Symposium

Dr. Joan Durrant (University of Manitoba), Mr. Dominique Plateau (Save the Children Sweden)

Globally, almost one billion children regularly experience physical punishment at the hands of their caregivers (UNICEF, 2015). Changing the entrenched beliefs that perpetuate this high global prevalence is a daunting challenge. These beliefs are often handed down across generations, reinforced by laws, supported by religious interpretations, and embedded in traditions. Approaches are needed that can provide parents with a new lens through which to view children as people with rights to dignity, protection and participation in their learning. ‘Positive Discipline in Everyday Parenting’ (PDEP) provides such a lens. Created through an academic-NGO (Save the Children) partnership, PDEP is an interactive community-based parenting program founded on developmental research and child rights standards. It was designed as a primary violence prevention program that could be delivered in a wide range of cultural and social contexts. It aims to transform parents’ beliefs about ‘everyday violence’ by gradually shifting their focus from control to mentorship, and from reactive punishment to proactive problem solving. This symposium will begin with an overview of PDEP – its origins, evolution, objectives, content and methods of training and delivery. This will be followed by four case studies of PDEP’s implementation in widely diverse contexts – Japan, Kosovo, Bangladesh and Canada. These countries represent a range of cultural traditions, sociodemographic contexts, and levels of development. Each case study will: 1) describe the social and cultural contexts in which PDEP was delivered; 2) explain how the program was adapted for that setting; and 3) examine changes over the course of the program in parents’ beliefs about physical punishment and their perceptions of PDEP’s impact on their parenting.
Using administrative data in child protection research

Tuesday, 30th August - 10:30 - Symposium 7 - Symposium

Dr. Melissa O’Donnell (University of Western Australia), Ms. Miriam Maclean (University of Western Australia), Dr. Emily Putnam-Hornstein (University of Southern California), Ms. Louise Mc Grath-Lone (University College London), Prof. Ruth Gilbert (University College London)

Administrative data collected by government agencies represents a valuable resource for research in the field of child protection. Compared to survey data, administrative data can have a number of advantages such as large sample size, minimal loss to follow-up and reduced biases. Depending on the setting it can be used to describe who receives child protection services and the type of services provided, as well as social care outcomes relevant to service providers (e.g. placement stability and permanency of exits from care). Linkage within and between government agencies can further extend the usefulness of administrative data when exploring outcomes among maltreated children. This symposium will present examples of research from the USA, UK and Australia that utilise routinely-collected, administrative child protection data. These analyses of administrative data focus on outcomes such as educational attainment, mental health and stability of exits from care.
Using administrative data in child protection research – A prospective cohort study of racial disparities in substance exposure and neonatal child protective service involvement

Dr. Melissa O'Donnell (University of Western Australia), Dr. Emily Putnam-Hornstein (University of Southern California), Dr. John Prindle (University of Southern California)

Background and Objective: Prenatal substance exposure is thought to be a factor in maltreatment reports made at or shortly after birth. Yet, in the United States there is broad discretion as to whether documented substance prenatal exposure is reported to child protective services (CPS).

Methods: We examined racial differences in medically documented prenatal substance exposure and subsequent maltreatment reports using a unique administrative dataset consisting of linked birth, hospital discharge, and CPS records from California, USA. Diagnostic codes were used to document substance exposure type. CPS records provided information on a maltreatment report received during the neonatal period. The prevalence of infant substance exposure was calculated by race, substance type, and socio-demographic covariates. Multivariate generalized linear models were used to estimate racial differences in the neonatal likelihood of being reported for maltreatment among substance exposed infants.

Results: Based on a population-based California cohort of 474,071 black, white, and Hispanic infants born in 2006, medically documented substance exposure was identified for 1.6% (n=7,428). The prevalence of substance exposure varied significantly across groups (p<.001), with the highest rate observed among black infants(4.1%) and the lowest for Hispanic infants(1.0%). Among infants with white and Hispanic mothers, the most prevalent substance types were amphetamine (41.6% and 41.9%, respectively) followed by cannabis (35.2% and 30.5%, respectively); for infants with black mothers, cannabis was the most common(46.6%) followed by cocaine(30.5%). After adjusting for socio-demographic birth characteristics, no racial variations in the reporting of maltreatment were observed among infants in which substance exposure was documented.

Conclusions: Hospital discharge records linked to vital birth records provide an imperfect yet still valuable means to monitoring population-level patterns of documented substance exposure. Cross-sector linkages to administrative child protective services records provide valuable information concerning reporting decisions made by the medical system that may vary by race and substance type.
Using administrative data in child protection research -
Trajectories through child protection and education:
Patterns, timing and causality

Tuesday, 30th August - 10:30 - Symposium 7 - Symposium

Dr. Melissa O’Donnell (University of Western Australia), Ms. Miriam Maclean (University of Western Australia), Prof. Catherine Taylor (University of Western Australia)

Objectives:

1) To examine the reading trajectories of children with different levels of child protection involvement from Year 3-9 of school

2) To estimate the ‘effects’ of entering care on Year 9 reading achievement, attendance and suspensions among children with substantiated maltreatment

Method: Record-linkage of population data was used to investigate educational outcomes for children born in Western Australia from 1990-2010. Data from the Departments of Health, Child Protection and Family Support, Education, and Disability Services were used. Multi-level modelling was used to assess children’s reading trajectories from Year 3-9, and identify child, family, neighbourhood and child protection factors associated with reading achievement over time. Educational outcomes for maltreated children placed in out-of-home care were compared to a propensity-matched comparison group of children that remained at home using regression analyses.

Results: Child protection involved children most often showed a stable pattern of low achievement from Year 3-9. Of those with mid-level Year 3 scores, 45%-50% showed declining achievement with scores in the lowest third of their Year 9 cohort. Particularly low achievement in Year 3 and 9 was found among children with early unsubstantiated maltreatment followed by older-aged entry to care. Propensity matched analysis showed that after controlling for maltreatment, child, family, and neighbourhood characteristics, maltreated children did not significantly differ by placement status on reading or suspensions. Absences were significantly lower among children that entered care versus those remaining at home (OR=0.36, 95%CI0.15, 0.91).

Conclusions: Findings suggest that poor educational outcomes for children that have entered care are not primarily caused by out-of-home care, but reflect prior disadvantage and maltreatment. Child protection involved children are more likely to show stable low and declining patterns of achievement than other children, highlighting a need not only for early intervention, but also for interventions to address academic problems that arise later in childhood.
Using administrative data in child protection research - Re-entry to out-of-home care among looked after children in England: Analysis of administrative data

Tuesday, 30th August - 10:30 - Symposium 7 - Symposium

Ms. Louise Mc Grath-Lone (University College London), Dr. Katie Harron (London School of Hygiene and Tropical Medicine), Dr. Bilal Nasim (UCL-Institute of Education), Prof. Lorraine Dearden (UCL-Institute of Education), Dr. Melissa O’Donnell (University of Western Australia), Prof. Ruth Gilbert (University College London)

Objectives: In England almost one-third of children in out-of-home care (OHC) exit the system each year, yet factors associated with different modes of exit (such as age, ethnicity, etc.) are not well-described. Evidence on the proportion of children who re-enter OHC is also lacking. Previous studies have had limited follow-up periods and used relatively small samples. This study aimed to use routinely-gathered administrative data to describe variation in modes of exit from OHC and estimate the rate of re-entry to care within five years.

Methods: Administrative records for a one-third sample of children exiting OHC between 1st January and 31st December 2007 (N=5,061) were obtained from the Department for Education’s social care dataset. Survival methods were used to measure re-entry to OHC within five years, overall and for each mode of exit.

Results: The majority of children who exited OHC returned home without further supervision (47.2%); however, this proportion varied by age from 35.7% of under 5 year olds to 63.8% of 11-15 year olds. Re-entry to OHC could be explored for 3,988 children, excluding those who died, moved, were adopted or sentenced to custody. Overall, 37.7% of children (n=1,504) re-entered OHC within five years. Re-entry rates varied by child and care characteristics; for example, 45.9% (950/2,391) of children placed with their parents under supervision re-entered OHC within 5 years compared to 5.9% (19/320) of those who exited via special guardianship orders.

Conclusions: Re-entry to OHC is common among children in OHC in England; almost 40% re-entered within five years of exit. Further work is required to understand the factors associated with re-entry to OHC and the effects of repeated movements into and out of the care system on children’s outcomes.
Using administrative data in child protection research - Mental health outcomes for children involved in the child protection system: Utilising linked administrative data

Dr. Melissa O'Donnell (University of Western Australia)

Objectives: To determine the mental health issues and outcomes of children involved in the child protection system taking into account prior disadvantage, family adversity and level of child protection involvement. It is accepted that maltreatment can result in poor mental health outcomes however there is limited longitudinal evidence that take into account both pre-existing factors that may increase risk (such as mother's mental health) and how child protection involvement including out-of-home care modifies this risk.

Methods: This study utilises linked administrative data from the Department for Child Protection and Family support (1990-2013) and data from the Mental Health Register and Hospital Morbidity System (1990-2013). The prevalence of mental health issues in children involved in child protection is reported and the risk of developing mental health issues over time is determined using cox regression.

Results: Of the children who have had an allegation of child maltreatment almost 16% had a diagnosed mental health issue. The prevalence was slightly higher for those children who had a substantiated allegation or entered a period of out of home care (18%). Risk of mental health outcomes will be presented and types of mental health diagnoses described.

Conclusions: Children who have been maltreated and involved in the child protection system are at risk of mental health issues. In addition to physical health checks it is essential that planning and the provision of support is provided for these children regarding their mental health and wellbeing. Administrative data provides an opportunity for long term follow-up of children who have been involved in child protection and their long term mental health outcomes.
Hope for Children and Families Intervention Resources - Core elements in working with children and families following maltreatment, and promoting family rehabilitation

Tuesday, 30th August - 10:30 - Workshop 13 - Workshop

Dr. Arnon Bentovim (Child and Family Training), Ms. Jenny Gray (ISPCAN), Mr. Stephen Pizzey (Child and Family Training)

• The workshop is aimed at practitioners working with children and families following maltreatment, and promoting family rehabilitation. Participants will be introduced to core intervention skills for direct work with children and their parent/carers, through a videoed case example.

• An essential pre-requisite is a thorough assessment and analysis – the Safeguarding Assessment and Analysis Framework (SAAF) which evidences the potential for children and families to respond to intervention. The goal is to modify parental stress and associated abusive and neglectful parenting, promote positive parenting, secure attachments, safety and good quality care, and address any impairment of the child’s health and development, emotional and traumatic and disruptive responses, and promote resilience.

• The training approach draws on core elements of the Hope for Children and Families Intervention Resources, an innovative modular approach which provides a toolkit of resources grounded in and distilled from, the most effective evidence-based processes and practices. The approach is distinct from typical evidence-based protocols; it permits flexibility in selecting which intervention applies to the particular child and family the practitioner is working with. The approach is interactive, dynamic and collaborative, working closely with parents and children, and wider family creating a platform for strategic and responsive applications of evidence-based procedures.

• Piloting has demonstrated the effectiveness, and value of an approach which empowers the practitioner to choose which element of the resources to work with children and their families in the process of achieving collaborative goals. The approach can also help the practitioner to design an approach which is appropriate for particular forms of maltreatment their agency is working with, such as working with physical and emotional abuse, neglect, sexual abuse and exposure to violence, and children requiring alternative care.
Making a case for intensive family work to counter failure in reintegration of street connected children

Tuesday, 30th August - 10:30 - Workshop 14 - Workshop

Ms. Mary Gatama (Railway Children Africa)

“You do know that reintegrating street connected children back to their families doesn’t work, they still go back to the streets”. More than once I have heard this statement each time I try explain what Railway Children does in support of children living and working on the streets. This is a statement we would like to address and respond how to break the cyclic movement of street connected children from streets to home and back to the streets again.

This presentation will share lessons learnt from a pilot project in using of family therapeutic approach to support families of reintegrated children to make positive changes in themselves and their relationships, and building personal resilience within the individuals.

The pilot project was carried out with 12 families at the start, and later another 12 families so in total 24 families of street connected children. Most of the children and families in the project had experienced traumas such as physical and sexual violence, breakdown of relationships, and loss of family members, neglect and emotional abuse. The presentation will show results of reintegrated children being at home 4 years later after graduating from the project. The presentation will also touch on the theoretical grounding of this approach which includes attachment, trauma and family systemic theories.

This presentation will share the implications of working this way and the benefits to society and the country at large through sharing evidence gathered by carrying out a social return on investment study on the pilot project.
Access to justice and effective remedies for child victims of sexual exploitation

Tuesday, 30th August - 10:30 - Workshop 15 - Workshop

Ms. Junita Upadhyay (ECPAT), Ms. Darlene Lynch (ECPAT)

Objective: Child-friendly legislations that protect children from sexual exploitation are in place and being increasingly enacted around the world; however, the proper enforcement and implementation of these laws are often deficient. Multiple obstacles exist at all levels of the law enforcement process and include social, political and judicial barriers. Therefore, this study explores and presents the most common flaws and challenges faced in the proper implementation of these laws, as well as ways in which these could be successfully addressed.

Method: The key in tackling a specific and enormous issue like sexual exploitation of children that occurs all over the world is to first dissect and analyze the gaps and challenges that exist, realize that provisions to address these challenges already exist, and that these otherwise adequate laws are not applied sufficiently.

Results: Different countries have different legal systems, frameworks, traditions and enforcement capacities – yet, the challenges they face have been found to be often similar. The study identified these challenges: 1) The law cannot be enforced because the crime has not been reported; 2) The law is not enforced due to inadequate law enforcement and justice actors’ limited capacity to act on SECTT, including on processes requiring transnational collaboration; and 3) Law enforcement is not yet adequately equipped to respond to the use of new technologies and strategies in facilitating SECTT offenses.

Conclusion: In order to address these challenges, there must be increased collaboration among various stakeholders. Countries must strengthen the capacities of law enforcement authorities and justice personnel; emphasize on the importance for states to ratify the OPSC, encourage victims and friends and family to report SECTT; increase awareness through education and empowerment; increase budget and political will to support these solutions; and develop formal mechanisms aiming to enhance communication between communities and law enforcement agencies.
The European PROMISE: EU multi-country effort to explore the best multidisciplinary response model to child maltreatment in European countries

Tuesday, 30th August - 10:30 - Workshop 16 - Workshop

Mr. Peter van der Linden (ISPCAN (counsellor), NeSPCAN (Chairperson), Verwey-Jonker Institute Netherlands (PROMISE project partner)), Ms. Chris Newlin (National Children’s Advocacy Center USA), Prof. Resmiye Oral (University of Iowa, PROMISE expert consultant, Turkish and Greek Task Forces on Child Abuse and Neglect, USA), Dr. Bragi Guðbrandsson (Government Agency Child Protection Iceland, PROMISE expert consultant), Prof. Carl Göran Svedin (University of Linkoping, Sweden, PROMISE project expert consultant), Dr. Sheldon Kennedy (Sheldon Kennedy Child Advocacy Center, Calgary, Canada)

The Secretariat of the Council of the Baltic Sea States (CBSS) was awarded an European Union grant to conduct the project: PROMISE Promoting Multidisciplinary Interagency Services for Child Victims of Violence in 2015. Project partners are Iceland, Sweden, Netherlands, United Kingdom and Belgium. 12 Pilot Countries benefit directly within the project and 24 European States are involved and have access to deliverables such as the reports, scorecard, website and webinars. This workshop is requested to interactively introduce the objectives, methodologies, and expected outcomes of PROMISE in two sessions (120 or 180 minutes). Leaders in the field from USA interact with European colleague’s work about research, innovation, advocacy work and implementation within different contexts.

The service, administrative, and consultant partners of the project will share: 1) The objectives of PROMISE and the circumstances that made it a necessity with a focus on promotion of child-friendly, multi-disciplinary and interagency (MD/IA) services supporting child victims of violence. 2) The United Nations and European Union laws on which PROMISE is based. 3) What tasks and activities PROMISE has been carrying out including stakeholder mapping of services for child victims of violence in 24 European countries, developing and disseminating the best MD/IA practices, strategies, teaching and advocacy materials and data collection methodologies in European countries. 4) Expected outcomes and outputs from PROMISE 5) Preliminary results of PROMISE since its kick-off meeting October 20-21, 2015.

The presenters will engage the audience through an interactive session with their input to expected outcomes, regional needs and recommendations to the presenters to consider in the final list of outputs. The audience will be informed of the capacity of the above described service delivery across Europe, how to promote good practices, strategies and standards for MD/IA collaboration and how to integrate the proposed work into their country’s child protection systems.
Preventing sexual abuse of children with developmental disabilities

Tuesday, 30th August - 10:30 - Workshop 17 - Workshop

Ms. Becky VanTassel (Calgary Sexual Health Centre)

In this interactive session participants will explore how children and youth with developmental disabilities have traditionally been silenced in the areas of sexuality and sexual health resulting in placing them at a disproportionate and increased risk for sexual abuse. This session will examine an emergent practice in including various stakeholders to have increased comfort and skill in preventing sexual abuse of children with developmental disabilities. Participants will gain practical tools to integrate into their repertoire of skills and program delivery.

This presentation will emphasize the findings of a pilot program that was created in conjunction with community members to address the sexual health information needs of children and youth with developmental disabilities. This program was designed based on research in the area of sexuality and the philosophical approach to the program borrowed from feminist and critical theory. The program was evaluated using a Utilization-Focused Evaluation Model and several means of inquiry occurred including surveys, focus groups, interviews, and organizational ethnography observation. This presentation will also include interactive activities that occurred during our actual pilot program.
Adapting court preparation for the children in your communities

Tuesday, 30th August - 10:30 - Workshop 18 - Workshop

Ms. Sam Dover (Zebra Child Protection Centre)

For fourteen years, the Zebra Child Protection Centre has provided a continuum of support to children who have suffered physical and sexual abuse in the Edmonton area through the intervention, investigation and prosecutorial processes. Our team of multi-disciplinary partners, including police, child and family services, medical, mental health, Crown prosecutors, trained assistance dogs, over 50 community volunteers, and Zebra Centre staff, strive to help children tell their story. In a safe, child-friendly environment, children and their non-offending caregivers are provided information and support. We keep the family engaged in the process with the goal to reduce systemic trauma and re-victimization. The number of court cases involving our children has risen from 112 to 290 in 10 years. Our conviction rates sit around 65%, with only about a quarter of those cases requiring child witnesses to testify (the remaining cases are resolved by Guilty Pleas).

The objective of our proposed 60 minute workshop is to share with other professionals the tools to create a child-friendly court program for their community. We would see that knowledge extend to creating and strengthening multi-disciplinary partnerships and ensure trauma-informed practices are incorporated.

We will introduce the basics of conducting an environmental scan, the introduction of our Zebra court preparation material, case contamination and varying age appropriate lessons and activities. We will discuss how these may be tailored to their regional laws, cultures, victims’ rights and courthouse amenities.

Since the implementation in 2012, we have conducted our child-focused prep over 518 times; leaving children prepared and empowered to testify. We would like to see participants leave with not only a new set of tools to prepare children to be witnesses, but increased knowledge in regards to how to best advocate for children during the criminal justice process.
Hard to reach and easy to ignore: The drinking careers of young people not in education, employment or training

Tuesday, 30th August - 14:30 - Young People - Oral

Mr. Peter Nelson (Sheffield Hallam University), Dr. Sharon Taberrer (ARC Research)

Young people’s alcohol consumption, both in the UK and more widely, remains a matter of medical, social, media and political concern. The notion of transition and drinking styles in the move from childhood to adulthood and education to employment has been central to understanding young people’s drinking behaviour but little is known about how the drinking patterns of those not in education or employment both men and women, develop over time. This paper reports on research which aimed to examine the current drinking habits and drinking careers of young people not in education employment and training who are traditionally described as hard to reach. In depth qualitative interviews were undertaken with 23 young people; 15 young women and 8 young men, not in education, employment or training. A focal point of the interview was the use of a graph. This was based on a therapeutic tool used in substance misuse assessment which was adapted by the research team to provide a visual portrayal of the peaks and troughs of usage, and to allow comparisons to be made within and between the cohorts. The findings are presented in respect of three stages of drinking; starting, continuing or increasing, and decreasing or stopping. The conclusions indicate that for the majority of these young people alcohol is a significant factor in their lives and that peers, gender, time and place combine to structure both their current alcohol use and drinking career. The paper argues that an understanding of young people’s drinking career development and current alcohol use will help target effective social work and multi-agency intervention.
Change in psychotherapy for sexual abuse: The voice of children and adolescents

Tuesday, 30th August - 14:50 - Young People - Oral

Dr. Claudia Capella (University of Chile), Ms. Loreto Rodriguez (University of Chile), Mrs. Ximena Lama (University of Chile), Mrs. Daniela Aguila (University of Chile), Ms. Estrella Azocar (University of Chile), Ms. Denise Dussert (University of Chile), Ms. Macarena Espeleta (University of Chile), Ms. Sofia Fuentes (University of Chile), Ms. Camila Gomez (University of Chile), Ms. Lucia Nuñez (University of Chile), Ms. Vania Vasquez (University of Chile)

The aim of this presentation is to describe narratives of change related to psychotherapy, during therapy and at the end of the process, in children and adolescents that had been sexually abused, including their perspectives.

This research, with a qualitative approach, involves in depth interviews, complemented by drawings, to children and adolescents aged 6 to 18 years old that were involved in a psychotherapeutic process at specialized centers in Chile, due to have suffered sexual abuse. Two samples with similar characteristics were collected. The first one includes 10 children and adolescents, who were interviewed between 6 to 10 months after therapy started and before it ended. The second sample includes 20 children and adolescents who have recently successfully finished their therapy, after an average time of 2 years. Data was analyzed through thematic narrative analysis. First, data of each of the samples were analyzed separately, and then results from both samples, were compared.

Main results show a common view in both groups, related with visualizing psychotherapeutic change as a process, with a progressive improvement, which gives ground to a latter work. Also, aspects that favor and the ones that hinder this process are pointed out. Some of these elements are related to personal, familiar and therapy’s factors, which get more or less relevance depending on the phase of psychotherapy the child or adolescent is going through. Changes related with giving a new meaning to the abusive experience mostly appears in children and adolescents at the end of their treatment. At 6-10 months of therapy, recognizing changes in symptomatology remission is prominent.

It is concluded about the importance of considering the way of looking psychotherapeutic change from the perspective of children and adolescents at different moments. This allows generating psychotherapeutic strategies that are sensitive to their needs and timings they value.
Building research capacity: Lessons learned from an innovative model of participatory research in the context of youth protection

Tuesday, 30th August - 15:10 - Young People - Oral

Dr. Nico Trocmé (McGill University, School of Social Work), Dr. Catherine Roy (McGill University, School of Social Work), Dr. Tonino Esposito (Université de Montréal, School of Social Work)

Objectives: The Building Research Capacity initiative is an innovative model of participatory research aimed at building institutional capacity and mobilizing research knowledge. Methods: Beyond providing training and supporting stronger evidence based management/practice culture, the initiative assists managers in developing information management tools to allow them to track service trajectories using the data queries developed within BRC. A clinical-administrative dataset of 450,000 children followed by youth protection agencies in Quebec is at the core of the initiative. Graduate students, supported by university researchers, work as knowledge brokers with agencies by providing support in accessing and summarizing scientific studies, designing questionnaires for client or staff surveys, developing data capture tools, analyzing data, as well as writing reports. Results: Preliminary outcomes include 1) research productivity as documented by new research projects and citation counts for dissemination outputs, 2) use of research as demonstrated by reference to research in agency documents and expectations that program decisions be evidence-based and 3) increased research capacity as demonstrated by improved research skills for students and staff, and increased agency time for research related activities. More than 30 graduate students have been trained and the initiative has supported over 30 projects in 10 agencies. Conclusion: Participatory approaches require front-end investments in time and resources with the potential of generating policy and practice relevant findings and sustainable partnerships. On a project-specific basis the model shows positive results, with some caveats with respect to clarifying the transition from providing technical assistance to conducting research. Developing research capacity within the agencies has been more of a challenge, especially in the context of a significant re-organization in the structure and management of Quebec’s health and social service network. The presentation will conclude with a critical analysis of the advantages and challenges of implementing and sustaining partnerships between academia and agency settings.
Spiritual risk: A preliminary definition of child risk within close-knit, religious communities

Tuesday, 30th August - 14:30 - Aboriginal Culture - Oral

Dr. Yochay Nadan (The Hebrew University of Jerusalem), Dr. Jill Korbin (Case Western Reserve University), Mr. Netanel Gemara (The Hebrew University of Jerusalem), Ms. Rivka Keesing (The Hebrew University of Jerusalem), Dr. Esther Bamberger (The Hebrew University of Jerusalem), Prof. Dorit Roer-strier (The Hebrew University of Jerusalem)

Objectives: To broaden our understanding of social context, religion, and culture in the construction of risk and protection, and definitions of maltreatment among close-knit religious communities, specifically Jewish Ultra-Orthodox parents in Israel and Cleveland, OH, USA.

Method: The study adopted a context-informed approach, utilizing qualitative methodology. In-depth, semi-structured interviews were conducted with 50 Ultra-Orthodox parents (60% from Israel and 40% from Cleveland, OH). Both fathers (56%) and mothers (44%) were included in the sample. The sample was purposive and based on participant referrals in order to gain access to close-knit and insular communities. Interviews were recorded, transcribed verbatim and thematically analyzed (Braun & Clarke, 2006) using the analysis platform Dedoose.

Results: The inductive analysis of the interviews yielded strong evidence of the construct of Spiritual Risk as conceptualized by parents. The analysis yielded three main themes regarding Spiritual Risk: (1) the centrality and meaning associated with Spiritual Risk; (2) factors contributing to Spiritual Risk including the home and the family, as well as exposure to the world outside the community; and (3) the consequences of Spiritual Risk. No significant differences were found between the two locations or between fathers and mothers regarding perceptions of Spiritual Risk.

Conclusions: Spiritual Risk can be defined as the risk of diminution in adherence and commitment of children and adolescents who live in a religious community in which religious values and norms are of the uppermost importance. This can lead to the detachment of the child or adolescent from the valued and normative spiritual world in the community or even to his/her departure from it.
Braiding the sweetgrass: An innovative program experience for preventing intergenerational trauma in Indigenous families in an urban Canadian community

Tuesday, 30th August - 14:50 - Aboriginal Culture - Oral

Ms. Kathleen Hagan (Hull Services), Ms. Henri Giroux (Hull Services)

Objective: Braiding the Sweetgrass aims to build a foundation for Indigenous families that is healthy and free from the trauma cycle.

Method: Change strategies blend traditional Indigenous activities and Western therapies to wrap participants in Indigenous culture; use Indigenous spiritual practices that include the Sweat Lodge, the Pipe, Elder guidance, and smudging; and use the trauma-informed lens of the Neurosequential Model of Therapeutics. Two cohorts of eight to ten families run each year from March to June, and September to December. Parents participate in individual and group discussions and activities that emphasize the impact inter-generational trauma has on parenting capacity, children’s self-regulation, and overall family functioning. Children participate in culturally-based activities that facilitate the building of trusting relationships (e.g. sharing circles), introduce repetitive patterned activities (e.g., program rituals, drumming) that foster greater self-regulation, and create opportunities for connection to community and culture (e.g. traditional games, Elder teachings). Children and parents together focus on activities that can be extended into the community to create a sense of belonging and positive identification with their Indigenous culture.

Results:
• Increased understanding of: the history of Indigenous people; the impact of intergenerational trauma on individuals; and the resource and supports available to address the impact of intergenerational trauma.
• Participants valued information on brain development and impacts of trauma on the brain, and began to understand the relationships among self-regulation, co-regulation, and cognitive functioning.
• Increased access to traditional supportive practices such as smudging or ceremony where they feel like they belong and are supported.
• Enhanced knowledge of positive and traditional parenting practices.
• Emergence of the feeling of hope through participants’ experience in the program.

Conclusions:
Braiding the Sweetgrass reach its target population. Data and information gathered suggests that the program has achieved positive outcomes in most short-term outcome areas identified.
Parenting stress among parents in kinship and non-kinship foster homes

Tuesday, 30th August - 14:30 - Parenting - Oral

Dr. Svein Arild Vis (University of Tromso), Dr. Camilla Lauritzen (University of Tromso), Dr. Sturla Fossum (University of Tromso), Prof. Amy Holtan (University of Tromso)

Compared to the general population, foster children experience a higher incidence of physical, cognitive, developmental emotional and behavioral problems. It is therefore reasonable to hypothesize that foster parents are likely to experience stress in relation to the caregiver role. There are several studies conducted on parenting stress, and the conclusion in the parenting stress research literature is generally that parenting stress decreases the quality of the parent-child relationship. There are however few studies on parenting stress in different types of foster homes. The aims of this study were therefore to measure parenting stress in kinship (N=114) and non-kinship foster homes (N=95) and to study factors that predict parental stress among foster parents. Results show that there were significant differences between the two groups on both the child domain scores and the parenting domain scores but not on total stress scores. This indicate that kinship foster parents and non-kinship foster parents experience different sources of stress in their parenting role. Kinship foster parents experienced higher stress related to the parent domain i.e. depression and relationship problems with the spouse. This was explained by kinship foster parents being of older age, having lower income and receiving fewer social support services, compared to non-kinship foster parents. Non-kinship foster parents experienced higher parenting stress related to the child domain i.e. child’s acceptability and adaptability in the family. This was explained by children in non-kinship foster homes having higher internalizing and externalizing mental health problems. The implications are that different types of support are needed for kinship foster parents and non-kinship foster parent in order reduce parent stress. More differentiated support for foster parents may help prevent parenting problems and increase placement permanency.
KContact: A trial of a supervised contact intervention for children in out-of-home care and their parents

Dr. Stephanie Taplin (Australian Catholic University Institute of Child Protection Studies), Dr. Tracey Bullen (Australian Catholic University)

Objectives

When children are unable to safely live at home with their parents, contact is considered important for maintaining children’s sense of identity and their relationships with their parents, in most cases. However, the research evidence on supervised contact is weak and provides little guidance on how to support and manage contact, particularly for children in long-term care. A small number of studies have been identified where interventions which were therapeutic, child-focused and with clear goals, particularly aimed at preparing and supporting parents, showed some promising results. The kContact study aims to build on the existing evidence by trialling an enhanced model of contact in multiple sites in Australia. This paper outlines the methodology and the progress of the trial.

Method

This study is a cluster randomised controlled trial of a contact intervention with children in long-term care who are having supervised contact with their parents. Baseline and follow-up interviews have been conducted with parents, carers and agency workers. The primary outcome being assessed is change in children’s emotional safety and distress in response to the kContact intervention, improved relationships between children and their parents, improved parental ability to support contact, and fewer contact visits cancelled. Staff at the intervention sites have been trained and provided with support to adopt the kContact intervention that increases the preparation and support provided to parents in relation to contact.

Results

By early 2016, baseline interviews had been conducted with parents, carers and/or workers in relation to more than 120 children at 18 sites.

Conclusions

This is an important study which will increase the evidence base in relation to contact and better guide the management and supervision of contact visits for children in out-of-home care.
kContact study: Characteristics and perspectives of parents having supervised contact with their children in out-of-home care

Tuesday, 30th August - 15:10 - Parenting - Oral

Dr. Tracey Bullen (Australian Catholic University Institute of Child Protection Studies), Dr. Stephanie Taplin (Australian Catholic University Institute of Child Protection Studies)

Objectives

Supervised contact for parents of children in out-of-home care presents a number of challenges particularly when supervision is viewed as intrusive and if parents are not provided with sufficient information and support to facilitate visits with their children. Supervision can also ensure the child’s safety when concerns exist. Few studies have obtained the views and perspectives of parents whose children are in care about supervised contact and the quality of the parent-child relationship. This paper will present parents’ perspectives of supervised contact, describe the characteristics of these parents and the contact they have with their children. It draws on data collected as part of the kContact study underway in two Australian jurisdictions where contact arrangements can vary considerably.

Method

Parents (n=69) of children in foster care or kinship care who were having supervised contact were recruited into the study prior to the trial of the kContact intervention. Parents completed a structured interview which included valid and reliable scales and purpose designed questions exploring their perspectives and experiences of contact visits and supervision.

Results

This paper will report the baseline characteristics of parents, including psychosocial difficulties, reasons children were placed into care. It will describe the characteristics of their visits, including the location and frequency, activities undertaken during the visit, and the role of the supervisor. The median frequency of contact was quarterly, however, this ranged from at least weekly to once per year. Parental understanding of reasons for supervision will also be described.

Conclusions

This is the first study of its kind in Australia that obtained both qualitative and quantitative data on parents (and other participants) experiences of supervised contact visits and their perceptions of the parent-child relationship. Whilst challenging, including parents views about contact can enable better planning of visits and improved relationships between parents, carers and caseworkers.
Global inter-agency guidelines on children’s reintegration

Tuesday, 30th August - 14:30 - Children in Crisis - Oral

Ms. Emily Delap (Family for Every Child), Ms. Joanna Wedge (Family for Every Child)

The Global Guidelines on Children’s Reintegration were developed through collaboration with over 40 national and international NGOs and UN agencies. They are based on an extensive global literature review and consultations with children in 3 countries. They were extensively tested in two settings. They cover the reintegration of a range of children in crisis, including those on the streets, separated by conflict or natural disasters, trafficked or in alternative care. The Guidelines provide principles of good practice in children’s reintegration, along with specific guidance on different stages of the reintegration process. They are aimed at programme designers and policy makers. The Guidelines show that for reintegration to be successful, it must be considered to be a process as opposed to a one off event. Children and families must be adequately prepared, and once they return home, extensive monitoring and follow-up support is needed. Successful reintegration processes will consider the plethora of children’s material and non-material needs. They will work with individual children through a case management approach, and with schools and wider communities to challenge stigma and enhance support mechanisms. Published in 2016, it is hoped that the Guidelines will be used to design programmes, develop policies, advocate for greater resource allocations to reintegration, and evaluate the success of programmes. Specifically, it is hoped that the Guidelines will encourage national governments to engage on this important issue. The Guidelines represent impressive collaboration and policy alignment between child protection actors across the world working in emergency and non-emergency contexts, and with a wide range of separated children. They have been endorsed by many of largest child protection agencies in the world, but also build heavily upon the experiences of separated children and of actors working on the ground.
Prevention of violence against children in post war northern Uganda: Results from the war child Holland’s community based approach

Tuesday, 30th August - 14:50 - Children in Crisis - Oral

Dr. Eddy Walakira (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University), Mr. Ismail Nyanzi-ndumba (Makerere University, Department of Social Work and Social Administration), Dr. Badru Bukenya (Makerere)

The intervention can best be described as an interactive approach, engaging the community structures in the analysis of problems and gaps, promoting dialogue and development and implementation of action plans towards a long-term focus on the prevention of violence against children. Objective: The study aimed at evaluating WCH’s Community-Based Child Protection approach on elimination of violence against children in northern Uganda, an area that is recovering from a two decade civil war. It examined the impact of the CBCP intervention on; (1) primary caregivers’ knowledge, attitudes and practices related to prevention and response to violence against children; 2) children’s self-reported violence, and 3) violence/abuse reporting attitudes and practices. Methodology: The evaluation used a quasi-experimental design with a matched control group at the baseline and endline i.e. pre-test-post-test control group design. Pre-test data (baseline) were collected in June and July 2014, and post-test data (endline) were collected in August 2015. Both qualitative and quantitative data were collected. Results and conclusions: Overall, the intervention was effective in improving caregiver’s knowledge of child abuse, and changing caregiver’s attitudes towards physical punishment and reporting child abuse. The use of violent disciplinary practices by caregivers (as reported by caregivers) also significantly declined. The intervention however, did not have any significant effect on self-reported violent (physical, emotional and sexual) victimization among children. Recommendations: Engaging the community in identifying child protection issues and developing community-based solutions is empowering. Nonetheless, the time and resource demands may have impacted on the ability of the intervention to foster links between the CBCP structures and formal child protection structures.
Adapting child protection programming from development to emergency contexts: What have we learnt from the Ebola crisis in Sierra Leone and the earthquake emergency in Nepal?

Tuesday, 30th August - 15:10 - Children in Crisis - Oral

Mrs. Haifa Ungapen (World Vision UK), Ms. Tracy Shields (World Vision UK)

Objectives

Our DFID-funded Child Protection (CP) programming started in Sierra Leone and Nepal in 2011/12. It focussed on strengthening systems for CP, enhancing strategies for fighting harmful traditional practices, and increasing the resilience of children to violence, abuse, neglect and exploitation. During the Ebola outbreak in Sierra Leone and the 2015 earthquake in Nepal, programming adapted to address CP in these emergencies. This paper highlights the enablers of adaptive programming for CP, its importance, and the way forward.

Methodology

Information was collected from a desk review of project reports, the development of case studies, field observations, and practical knowledge accumulated by field staff. Further information is expected to come out of the qualitative data collected for the evaluations of these projects.

Results

Using the systems strengthening approach for CP and working through partnerships have been identified as 2 enablers of adaptive programming in both emergency contexts. Repurposing community-based CP committees and child rights clubs - set-up and strengthened before the emergencies - to address CP issues arising from Ebola and the earthquake, enabled a swift response and meant children were better protected, able to cope with traumas and able to help peers stay protected.

Conclusion

The most interesting part of adaptive programming for CP will be in terms of the learning that it’s allowed and how this will inform the way forward. Sierra Leone now fights against the rise of sexual gender-based violence and teenage pregnancy brought on by Ebola. At the same time, Nepal fights against the rise in child marriage and trafficking that’s been brought on by the earthquake. Our recommendations will highlight the importance of prioritising CP across the board: strengthening it within development, adapting it during emergencies, and embedding it throughout - in resilience and national action plans.
Child Abuse, Symptoms of Trauma and Intervention Measures: A Case Study of Childline Kenya

Dr. Sylvia Tuikong (Daystar University)

In the recent past, there is an increased reporting of diverse incidents of child abuse in Kenya. Recent researches indicate the existence of and rising cases of child abuse in the country. This study sought to find out types of child abuse reported through Childline Kenya, compared child abuse cases reported, determined symptoms of trauma exhibited by children who called Childline Kenya counselors and assessed the interventional measures applied by Childline Kenya counselors for victims of child abuse. The research is a case study of child abuse cases handled by Childline Kenya. It was important to carry out this study to establish existing gaps in the reporting of child abuse cases as well as intervention measures. The study used the descriptive design, using both qualitative and quantitative approaches. Data was collected through use of call records kept by Childline Kenya in the year 2015 as well as interviews done with Childline counselors. The participating organization was purposively selected. SPSS version 20 was used to analyze quantitative data while qualitative data was thematically analyzed. The results of the study indicate that child abandonment, abduction, neglect, trafficking, early marriage, physical abuse, female genital mutilation, sexual abuse and emotional abuse were types of abuse reported. Child neglect, sexual abuse and physical abuse were the most reported types of abuse. Symptoms of trauma exhibited by children calling Childline Kenya counselors included poor verbal skills, memory problems, fear, avoidance, sadness, irritability, anxiety, poor eating and sleeping habits, nightmares and many others. Intervention measures used by Childline Kenya include identification and assessment of children at risk, planning of response and care and referrals and liaison with support service. Telephone counseling was also used as an intervention measure. In conclusion, it is crucial to put in place relevant protection and support mechanisms for children at risk.
From outcomes to impact in child welfare

Tuesday, 30th August - 14:50 - Improving Systems - Oral

Dr. Rochelle (Robbie) Babins-Wagner (Calgary Counselling Centre/University of Calgary), Dr. Sandy Berzins (Calgary Counselling Centre/University of Calgary)

Research suggests that while many non-profit and community agencies who work with Child Welfare clients have outcome data, there has been little success in achieving significantly better outcomes at a magnitude that matches the need in critical areas such as mental health, child outcomes, parent outcomes, and more. Some researchers suggest that we have not marshalled the full extent of available knowledge and applied it to complex problems which would in turn generate new knowledge to address some of our toughest social problems. Calgary Counselling Centre’s experience suggests that this complexity has the potential to result in improved client outcomes. Our counselling program data suggests that since 2007, individual client outcomes and program outcomes are improving far beyond sector benchmarks.

To accomplish these changes, we have used available empirical knowledge combined with new thinking arising from Practice Based Evidence Research to change program design and delivery. The goal is to test these ideas with other programs and other contexts to determine if we can further enhance client improvement and hence “move the bar” - on treating mental health and psychosocial problems, both of which will improve the outcomes for those involved with child welfare systems. The Centre’s goal is to scale success at a client, agency and community level.

This workshop will describe the strategies being used by Calgary Counselling Centre to improve client outcomes towards increasing overall agency and community impact. This has involved the specific implementation of a clinical-based response system – routine outcome measurement and translation the evidence from practice to program design and system change within the Centre. This presentation will provide practical examples that can be used by other agencies to implement outcome measurement at a client, program and agency levels.
Implementing an evidenced based intervention programme within an organisation

Tuesday, 30th August - 15:10 - Improving Systems - Oral

Ms. Jenny Gray (Child and Family Training UK), Dr. Arnon Bentovim (Child and Family Training UK)

This paper will set out the key elements to successful implementation of evidence-based intervention resources when the Hope for Children and Families (HfCF) (Bentovim and Elliott, 2014; Bentovim et al, 2015) was piloted in five English sites. The resources are for use by front-line practitioners when working with children and families where there is a risk of parental abuse and neglect.

One day themed workshops were used to assist practitioners in understanding the HICF approach and using the intervention resources. Line managers and supervisors/consultants were strongly encouraged to attend. This was so that they were familiar with the content and could support their staff in using the resources appropriately in their direct work with children and families. Their involvement is considered critical to the success of any HICF implementation. An evaluation showed that staff showed improved confidence in how to use the resources after each workshop.

A series of coaching/supervision sessions were offered regularly to first line managers and pilot site supervisors/consultants to enable them to support practitioners to use these intervention resources effectively. Within each organisation, clinical/practice supervision groups providing 2 - 4 weekly input and good reflective supervision as well as regular monitoring and continuing professional development opportunities were also necessary to reinforce the new learning.

Commitment from and sign-off by senior management was essential, as was having a project implementation group, internal champion(s), project co-ordinator and a project plan to support the detailed planning required for effective implementation. A core training group, which includes the champion(s) and a practice lead, were necessary to shape the external training programme to the specific policies and needs of their organisation. This meant the HICF intervention programme supported staff in their daily work rather than cutting across it or being an “add-on”, meeting one of the key goals of the resources.
Mother and child care from conception on What can educational institutions do to help prevent maternal suicide and child abuse?

Tuesday, 30th August - 14:30 - Prenatal and Infancy - Oral

Ms. Kanami Yamana (Nara Medical University), Ms. Shiho Hayashi (Mie Prefectural College of Nursing), Ms. Tsutako Miyazaki (Mie Prefectural College of Nursing), Ms. Ikumi Honda (Nagoya University), Ms. Motoko Oohira (Mie Prefectural College of Nursing), Mr. Takahiko Maeda (Mie Prefectural College of Nursing)

Purpose

Child abuse death is a serious issue in Japan; therefore, people are keen to “prevent” rather than “deal with” such cases.

Considering child abuse death and its prevention, the concept of “neuvola,” the Finnish child-care system, will help improve the child-care system in Japan. Neuvola is a well-established system that supports mothers and children in Finland during the pregnancy period and preschool years. Furthermore, the education system for health and maternity nursing is advanced in Finland. This study examined the differences in the curriculum of health and maternity nursing courses between Japan and Finland to identify the systems and ideas which Japan can apply.

Method

The curriculum and subjects offered by the institutions providing higher education in nursing were compared between Finland and Japan and the difference between the education systems were identified. The information regarding the courses was obtained from the embassy of Finland.

Results

After reviewing the curriculum of both the countries, no remarkable difference was found with respect to the number and duration of the basic and specialized subjects. The difference was not in the school curriculum but in the authorities providing the qualifications for nursing.

Conclusion

In Finland, students can obtain a qualification for health and maternity nursing from universities. Conversely, in Japan, a national qualification for these two professions is required; therefore, the content of the courses is usually controlled by the country.

In Finland, the institutions for higher education offer a wide range of subjects and opportunities to educate experts regarding the concept of “neuvola;” moreover, the school curriculum is flexible and students can freely select the subjects for both health and maternity nursing. However, in Japan, the school curriculum is not flexible enough to allow studying various subjects at a time.
Among the modalities of child maltreatment, pediatric abusive head trauma (AHT) stands out for its severity. Despite the high prevalence of child abuse in Brazil, there are few preventive actions against AHT. This study aimed to evaluate a preventive intervention on AHT with parents. The intervention included 254 parents of infants up to 12 months or gestational stage, randomly divided into an experimental and a control group. Participants were mostly women (97%) and married (73%). The mean age of participants was 27 years old, the mean monthly income was US$ 10,270.42 (middle class in Brazil), and they had 12 years of schooling in average. Methodology: Participants were invited to take part of the study at Public or Private Health Units while they waited for a medical appointment or at prenatal orientation groups. The study design for the experimental group was pretest - intervention - posttest - follow-up and for the control group was pretest - pretest 2 - intervention. The intervention included the exhibition of an informative video entitled Responding to a Crying Baby and reading a pamphlet about AHT. The Attitude towards the Infant Crying Scale was used to assess parental knowledge about the infant’s crying, consequences of shaking, and strategies to deal with a crying infant. Parental knowledge of the experimental group was compared to knowledge of the control group at the three evaluations. Results: statistically significant differences were observed between pretest and posttest for the experimental group for knowledge on: consequences of shaking, infant crying pattern, and strategies to deal with a crying baby (p <0.001). The knowledge increase was maintained one month after the intervention, suggesting its effectiveness.
How do mothers and their partners discipline their infants at 6 months?

Tuesday, 30th August - 15:10 - Prenatal and Infancy - Oral

Dr. Julie Lawrence (University of Otago), Prof. Rachael Taylor (University of Otago), Ms. Sheila Williams (University of Otago), Prof. Barry Taylor (University of Otago), Prof. Barbara Galland (University of Otago), Mr. Andrew Gray (University of Otago), Mrs. Rachel Sayers (University of Otago)

Objective: Disciplinary practices are a fundamental component of parenting and have the potential to affect children’s immediate and long-term well-being. There is limited knowledge about the strategies parents and other caregivers use during the first six months of a child’s life. We set out to explore the prevalence of a wide range (n=14) of discipline strategies used by mothers and partners in caring for their 6-month old infants, and to assess how various demographic, parenting and behavioural factors might be related.

Methods: Mothers and partners of 802 children participating in a community-based obesity prevention trial (POI.nz) identified positive and negative parenting strategies used during the previous week with their 6-month old infant. Associations were investigated between use of discipline strategies and parity, deprivation, ethnicity, parenting, depression, and infant sex and temperament.

Results: At 6 months, positive strategies such as smiling, praising and distraction were most commonly reported (87% for both mothers and partners), with negative strategies such as smacking, time-out and shouting reported infrequently (8% for all). Discipline strategies that required a level of cognitive understanding not yet developed at 6 months were reasonably common, including reasoning (17.7% for mothers, 23.4% for partners), negotiation (6.2%, 11.7%), and ignoring (26%, 19%). Mothers with multiple children used less reward strategies than mothers of single children (composite score difference, 95% CI: -1.05, -1.55 to -0.56), whereas Asian parents reported significantly more punitive strategies (0.70, 0.30 to 1.10 in mothers, 1.26. 0.54 to 1.97 in partners) than Europeans. Greater use of negative strategies occurred for mothers scoring higher for hostile parenting (P = 0.008) or emotionality of the infant (P = 0.019).

Conclusion: Discipline strategies emerge early in infancy with parents using a variety of strategies that are generally positive by 6 months of age.
An integrated approach to child sexual abuse intervention: Perspectives and experience of stakeholders in Addis Ababa Ethiopia

Tuesday, 30th August - 14:30 - Child Sexual Abuse - Oral

Dr. Firehiwot Alito (Addis Ababa University)

ABSTRACT

An Integrated Approach to Child Sexual Abuse Intervention: Perspectives and Experiences of Stakeholders in Addis Ababa Ethiopia

Firehiwot Jebessa Alito
Addis Ababa University, 2015

A significant number of children are sexually abused in Ethiopia and experience serious physical, psychological, and social trauma. Intervention services are needed to address these effects and related multifaceted needs of sexually abused children/SAC. However, these needs are not well addressed in the intervention system. Rather they are adversely affected by the system inflicted trauma. Hence, to improve intervention services, the more recent development is towards integration. In Ethiopia, the operation, benefits, and challenges of its implementation have not yet been examined. Thus, the aim of this study was to investigate how the system operates and the benefits and challenges of working and receiving services in the system. The study employed descriptive qualitative methods. Nineteen research participants selected using purposive sampling took part in the study. Key informant interview and in-depth interviews were used to collect data. Qualitative content analysis was employed to analyze data. Interviews were audio-recorded, transcribed verbatim, manually coded, and categorized into major themes and subthemes. Findings revealed that the overall CSA intervention system is operating with a coordinated integrative arrangement with communal management hierarchy. Multidisciplinary Team/MDT of professionals were co-located in one center but working independently without clear collaborative arrangement. This was subjecting SAC to repeated interviews and secondary victimization and contributed to various unmet needs of SAC and families and challenges affecting the overall integration, and effectiveness of service delivery. The study is imperative to realize the complications of the change processes in moving from un-integrated to integrated and then from coordinated to collaborative system.

Key terms: Child sexual abuse, intervention system, integration, Multidisciplinary Team, National Coordinating Body, Stakeholders.
Protecting migrant children from sexual abuse and exploitation

Tuesday, 30th August - 14:50 - Child Sexual Abuse - Oral

Mr. Anannia Admassu Sahle (Organization for Child development and Transformation)

Issues

This abstract presents an evidence-informed practice from the design and implementation of an early intervention project to protect children from the risk of sexual abuse and exploitation while moving from place to place.

Description

Five civil society organizations initiated a program to support ‘children on the move’ along the major highway that connects the capital city to eight major cities and towns in the northern Ethiopian corridor, covering 750 kilometers. Children travelling through these routes are destined to reach major towns and cities within the Amhara and Oromiya states, Addis Ababa and even to the Gulf countries via Djibouti, Yemen and Sudan. Transport workers and other strangers in the transit towns and places of destination reportedly abused many of these children while they were travelling and working as housemaids, in the bars, brothels and small local drinking places along the major highway.

Lessons Learned

Over 2,000 migrant children were provided protection and safe passage and reintegration services as found appropriate. The organizations were able to create a workable referral linkage amongst themselves and other service providers, shared resources and expertise, built the capacities of grassroots organizations and secured support from other duty bearers, including the government. A functional child protection mechanism, which included bringing perpetrators to justice, was created, transitional shelters were established, better engagement and collaboration with transport operators was obtained, and awareness about the problem of abuse of children on the move was enhanced through using the media. Furthermore, a database to document incidences related to child victims was established for promoting research.

Conclusion

Establishing collaboration between service providers, law enforcement bodies and other stakeholders is crucial for the delivery of effective services. Such an innovative program creates an avenue for mobilizing more resources.
Child sexual abuse investigations: Complexities social workers experience in South Africa

Tuesday, 30th August - 15:10 - Child Sexual Abuse - Oral

Dr. Ulene Schiller (University of Fort Hare)

South Africa has ratified the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. This protection is explicitly stated in the South African Constitution and other South African legislation on children’s rights such as the Children’s Act 35 of 2005 and its amendments 41 of 2007. This paper presents the outcome of a qualitative study, by using a collective case study design (De Vos, Strydom, Fouche, and Delport, 2011). Thirty-eight social workers were purposively selected representing three NGO’s in six different provinces in South Africa. Three focus group discussions were held. Trustworthiness was promoted by ensuring transferability with the triangulation of multiple focus group discussions. The social developmental approach to child protection services was used as theoretical foundation to explore the complexities social workers experience in addressing child sexual abuse allegations.

The findings indicate that existing South African policies, conventions and legislation do not always complement each other, but rather create difficulties for child protection social workers in this field which, together with insufficient service delivery, lead to the unintentional re-victimization of the child. A major reason for this is that services do not apply a multi-sectoral approach nor have the capacity to adequately respond to the protection of children.

This paper concludes with recommendations based on the social developmental principles that can support integrated and collaborative partnerships to ensure effective responses to child sexual abuse cases.
This Presentation focuses the challenges of decision-making in child protection. Comparative studies show that actuarial risk assessment tools predict future maltreatment more accurately than clinical assessment. Despite a long tradition of research on statistical decision-making, only a few studies deal with how such instruments are used and integrated into the professional decision-making practice. Moreover, a critical discourse can be noticed, where concerns are discussed about the fact that such standardization systems might have a negative impact on professional discretion. I will present data from an ethnographical study, which was gained during a three-month field visit in a California Child Welfare Service. In this institution actuarial risk assessment is used as part of a Structured Decision Making Model. The material is based on the protocols of a participant observation. I observed social workers' direct interactions with clients, group decision making processes between social workers and families, hotline service, staff meetings and court hearings. I shadowed several social workers and their supervisors and participated in the daily life of the Child Welfare Service. I used daily field notes to document observations with the intention to experience how professional social workers come to their decisions under the conditions of the application of actuarial tools. The data show a practice of negotiation between the social workers and the assessment tools. Based on a materialist approach I would like to discuss that this negotiation practice can be interpreted neither as manipulation of the tools nor principally as a decline in discretion. One of the main results is that a highly standardized practice can activate reconstructive processes and can even lead to more discretion.
Decision-making processes in cases involving minority families: the negotiation between intercultural approaches and child protection mandates in daily practice

Tuesday, 30th August - 14:50 - Decision Making and its Impact - Oral

Mrs. Marie-Joëlle Robichaud (Université de Montréal), Dr. Poirier Marie-Andree (University of Montreal)

Despite growing concerns about adapting child protection services (CPS) to the specific needs of minority children and families, scant attention has been paid to the intervention methods practitioners use in their daily work with these families, or how they make decisions about these cases. In Canada, research has documented the overrepresentation of minority children in CPS mainly at the entry point (allegations) (Lavergne, Dufour et al. 2008, Lavergne, Dufour et al. 2009). Furthermore, overrepresentation would seem to be countered following the evaluation process, with the majority of cases involving minority children being unsubstantiated and dropped after investigation (Lavergne, Dufour et al. 2009). To date, we have no explanation of the reasons behind this situation. We know that evaluation within an intercultural context involves encounters with vulnerable families going through hard times who might share different cultural references and not be aware of the mandate of CPS. Therefore, practitioners working with these families need to develop skills to navigate the complexities of intercultural and child protection approaches. This presentation reports on the preliminary findings emerging from the first stage of a Grounded Theory research project that explores decision making processes of child protection workers (N=10) assigned in an evaluation team in Montréal youth protection agency. Themes generated from interviews with practitioners uncover the challenges of combining intercultural approaches with the specific mandate of CPS, specifically in relation to risk-management and education regarding the mandate of CPS with certain families. Analyses also document the importance practitioners give to their personal identity and values in order to support their decisions. The narratives also help us to understand how institutional and social contexts are intertwined in a complex way in shaping daily interventions with minority families. Such report has the potential to inform practices and policies to better address the needs of minority families.
Child protection reports within a changing legislative and policy context, what are the outcomes for children and families?

Tuesday, 30th August - 15:10 - Decision Making and its Impact - Oral

Ms. Sadhbh Whelan (Trinity College Dublin)

Objectives

The child protection system in Ireland has been subject to recent legislative and policy reform which aspires to early intervention within the context of a streamlined service delivery model. Added to this, the rate of reporting of suspected child abuse has risen by over 100% in the past ten years. While a number of Irish studies have been conducted on the ‘work world’ of child protection and welfare services, reporting trends have not been interrogated in any depth. Yet, in the context of increasing pressure, it is vital that new policies are informed by accurate information about the type, nature and source of reports received and the response made by the system to these reports. The provision of such data is the aim of this doctoral study.

Methods

This paper will focus on Phase One of the study which quantitatively examines all reports (approximately 750) received by one administrative area during a three month period in 2015. The data, which consists of anonymised standard intake records, has been analysed using SPSS.

Results

Early results indicate that the majority of reports received are categorised as ‘welfare issues’, that a sizeable proportion of the families referred are already known to the Child Protection Services and that while a majority of families are placed on a waiting list for an initial assessment, a significant number are closed with no further action recommended.

Conclusions

While the study is at a relatively early stage and will be considerably enriched by data from Phase Two (a qualitative study of the outcomes of reports made in Phase One), it is already evident that the type of early interventionist approach envisaged in the new reforms is challenging to implement, and that high thresholds are being applied.
The epidemiology of child sexual abuse: An analysis of definitions used in prevalence studies and recommendations to advance the field

Tuesday, 30th August - 14:30 - Epidemiological Studies in Child Welfare - Oral

Dr. Delphine Collin-Vezina (McGill University, School of Social Work), Dr. Ben Mathews (Queensland University of Technology)

Despite the worldwide magnitude of child sexual abuse (CSA) and increasing awareness of its impact on victims, the sexual abuse of children has yet to be fully acknowledged as a policy issue that requires extensive societal prevention and intervention. We hypothesize that the field of CSA does not receive full recognition, due in part to a lack of agreement on what should legally and socially be considered under the umbrella term of CSA. As part of a program of research exploring this issue, our objective in this study was to explore the different definitions of CSA adopted in prevalence studies conducted internationally. We conducted a systematic review of prevalence studies of CSA published between 2000 and 2015. Two independent raters coded study variables, focusing on how the dimensions of ‘child’, ‘sexual’ and ‘abuse’ were articulated in each of the definitions used to measure CSA. The review yielded 187 studies. Findings confirmed the wide - and concerning - diversity of definitions used throughout studies. The concept of ‘child’ was either implied (‘were you a victim during your childhood’) or defined as an event that occurred before a specific age that ranged from age 12 to 18. The ‘sexual’ nature of the acts differed tremendously across definitions, from specific terms (‘were you exposed to genitals’), to broad accounts (‘were you sexually abused’). The ‘abusive’ nature of the experiences also varied widely across definitions, including factors such as relationship with perpetrator, age difference between victim and perpetrator, grooming behaviors, and victims’ lack of consent. The field of CSA is clearly awaiting a well-agreed upon definition that recognizes the complexity of CSA experiences, yet offers a common language to inform practice, policy and epidemiology research. Specific recommendations on what should constitute the dimensions of ‘child’, ‘sexual’ and ‘abuse’ in CSA definitions will be proposed.
The co-occurrence of physical abuse and neglect: Nationwide survey for allegation to Child Guidance Center in Japan

Tuesday, 30th August - 14:50 - Epidemiological Studies in Child Welfare - Oral

Dr. Yui Yamaoka (University of Tsukuba), Mr. Ichiro Wada (Teikyo University of Science), Dr. Hirotsuna Ohashi (University of Tsukuba), Mr. Yasukazu Ogai (University of Tsukuba), Dr. Ryoko Nakajima-Yamaguchi (University of Tsukuba), Dr. Nobuaki Morita (University of Tsukuba)

Objective: Neglect is few allegations compared to physical abuse in Japan. This study aimed to examine co-occurred situations of physical abuse and neglect to understand awakening factors for neglect, using nationwide survey for Child Guidance Center (CGC; similar to Child Protection Service).

Methods: The survey examined all allegations during April to May in 2013 from 207 CGCs. There were 7,434 substantiated cases of child abuse and neglect among 11,257 allegations. This study extracted children who were only physically abused (abbreviated as PA) and children who were physically abused and also neglected (abbreviated as PAN). Multivariable logistic regression was performed to examine factors related to neglect among physically abused children.

Results: There were 1,509 children with PA and 201 children with PAN. In bivariate analysis, children with PAN were significantly more female (p=0.033), more severely abused (p<0.001), fewer living with biological father (p=0.021), having more siblings (p=0.0002), and more living with financial difficulty (p<0.001) compared to children with PA. In multivariable logistic regression, children with PAN indicated longer duration of child abuse (Odds ratio (OR), 95% confidence interval (95% CI): 5.63, 2.62-12.1), mental delay (OR, 95% CI: 3.43, 1.52-7.73), financial difficulty (OR, 95% CI: 3.28, 1.44-7.50), discord with other family members (OR, 95% CI: 7.68, 2.92-20.2), isolation from neighbors, friends, or other families (OR, 95% CI: 2.46, 1.004-6.04), and poor living environment (OR, 95% CI: 5.25, 1.37-20.1).

Discussion: Abusers living with difficult circumstances such as financial difficulty and isolation from others expressed physical abuse and neglect toward their children. In case of detecting physical abuse, it is better to consider the possibilities for child to be neglected concurrently in these difficult situations of families.
Examining the relationship between poverty and child maltreatment using data from the Ontario incidence study of reported child abuse and neglect-2013 (OIS-2013)

Tuesday, 30th August - 15:10 - Epidemiological Studies in Child Welfare - Oral

Ms. Rachael Lefebvre (University of Toronto), Dr. Melissa Van Wert (University of Toronto), Dr. Barbara Fallon (University of Toronto), Ms. Kate Allan (University of Toronto)

Objectives:
There is strong evidence that poverty and child maltreatment are associated; however, research in this area is underdeveloped in Canada. The purpose of this paper is to provide a profile of families living in poverty in a representative sample of child welfare investigations as well as a greater understanding of the relationship between poverty and maltreatment within the Canadian context.

Methods:
Secondary analyses of the OIS-2013 were conducted. The OIS-2013 examines the incidence of reported maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario in 2013. Information was collected from child protection workers on a representative sample of investigations which was then weighted to reflect provincial annual estimates. As proxy poverty measures, workers were asked to identify if the household ran out of money for food, housing, and/or utilities (in last 6 mo). Bivariate chi-square analyses were performed to identify the characteristics of families living in poverty. A logistic regression was conducted to examine the relationship of poverty to the decision to substantiate child maltreatment.

Results:
In 9% of the estimated 125,281 investigations conducted in Ontario in 2013, the household ran out of money for food, housing and/or utilities. Children living in poverty were more likely to have developmental concerns, academic difficulties, previous investigations and high risk caregivers. Controlling for key child/family and case characteristics, children living in poverty were 2 times more likely to be involved in a substantiated maltreatment investigation (OR=2.09, p<0.001).

Conclusions:
Families identified to child welfare who struggle with the provision of basic necessities have multiple complex needs. The challenge is to address the immediate concerns of these families in addition to promoting the safety and well-being of children. This could potentially be addressed through community-based prevention focused support which may mitigate the need for a child protection response.
School-based child sexual abuse prevention and intervention

Tuesday, 30th August - 14:30 - Symposium 8 - Symposium

Ms. Tonje Molyneux (Committee for Children), Dr. David Finkelhor (University of New Hampshire), Dr. Charol Shakeshaft (Virginia Commonwealth University)

Over the past several decades we have learned that a complex mix of parent, family, child, community, and environmental characteristics can contribute to child sexual abuse. Thus, prevention strategies that are designed to address the multiple influences that may lead to child sexual abuse are most effective. In this symposium, participants will first learn about the research that supports school-based child sexual abuse prevention and intervention efforts. Then they will learn about how specific policies and procedures, such as a staff code of conduct, procedures for screening and hiring staff and volunteers as well as for reporting staff violations of protection policies, can help protect children from abuse in a school or youth program setting. Finally, participants will be introduced to an example of how both research and best practices can be translated into a robust program that includes school staff-, child-, and family-focused content.

Part 1: What Do We Know from the Research?

Part 2: Why Are Protective Policies and Procedures Important?

Part 3: Translating Research and Best Practices into a Program
School-based child sexual abuse prevention and intervention -
  Translating research and best practices into a program

Tuesday, 30th August - 14:30 - Symposium 8 - Symposium

Ms. Tonje Molyneux (Committee for Children)

The global, non-profit organization Committee for Children developed the Child Protection Unit (CPU) based on the latest research and best practices for effective child sexual abuse prevention and intervention. The innovative program includes robust training and resources for administrators, program directors, and staff who work with children; classroom lessons and activities for children; and resources for families.

The training for school administrators and program leaders helps them assess their current child protection policies, procedures, and practices. This in turn helps them develop a comprehensive child protection strategy that aligns with current research and best practice. This includes specific policies and procedures designed to protect children from abuse in a school or youth program setting, such as a staff code of conduct and procedures for screening and hiring staff and volunteers as well as for reporting staff violations of protection policies.

The CPU specifically prepares staff to recognize common indicators of abuse and neglect and report according to their school or program’s reporting procedures when they have “reasonable cause to believe” that a child is being abused and/or neglected.

A key component of primary sexual abuse prevention is to encourage parents and caregivers to talk with their children about child sexual abuse. However, this is hard for many parents to do because it is a difficult topic to discuss. The CPU includes media and resources for families that will help them talk with their children about sexual abuse.

The CPU lessons teach children how to refuse unsafe and sexually abusive situations and touches. In addition, the lessons encourage teaching children to recognize unsafe and abusive situations and to immediately report these situations to adults. Each lesson also comes with a fun activity that children can do with a parent or caregiver at home to further practice the skills they have learned.
School-based child sexual abuse prevention and intervention - Why are protective policies and procedures important?

Children go to school every day to learn and they have a right to feel safe and protected while doing so. To ensure students are safe from sexual abuse at school, districts need clear policies and regulations that describe educator sexual abuse, detail acceptable and unacceptable behavior, provide mechanisms for reporting, guide students, teachers, administrators, and parents in prevention, describe a system of investigation, and describe the consequences. Stakeholders need policies that define verbal, visual, and physical sexual misconduct and make it clear that the district is committed to eliminating sexual exploitation by adults of students. The policies should provide guidance in identifying and reporting behaviors that might indicate sexual exploitation and make it clear that the entire school community is responsible for identification and reporting. Policies should not only provide direction for reporting concerns to school district officials, but also provide a clear set of requirements for investigating, reporting to law enforcement and state education certifying and licensing authorities. This presentation will present policy considerations based upon cases of child sexual abuse in schools.
“Connections”: A manualized group intervention for mothers and children experiencing violence in relationships

Tuesday, 30th August - 14:30 - Workshop 19 - Workshop

Dr. Mary Motz (Early Intervention Department, Mothercraft), Ms. Margaret Leslie (Early Intervention Department, Mothercraft)

Introduction: For mothers struggling with substance use problems, effectively parenting their infants and young children presents many challenges. Involvement in an abusive relationship is a significant risk factor to the mother-child relationship and has detrimental effects on the mothers’ wellbeing as well as the mental health and development of their infants. Research suggests that children exposed to domestic violence not only face a greater likelihood of maltreatment, but also may experience permanent neurological damage (Rimer, 2005) and disrupted attachment relationships (Baker et al., 2002). Violent relationships also pose a threat to the process of recovery from substance use for mothers. These combined risks stress an already compromised parenting system.

Purpose: This presentation will introduce participants to the Connections intervention. We will briefly discuss the context and development of the Connections intervention. The structure for facilitating the group and implementing the curriculum for the 6-week intervention will be described. Outcomes of quantitative and qualitative research conducted of Connections groups will be presented. Videotaped clinical material of mothers who have participated in the Connections program will be used to facilitate participant understanding and discussion.

Description: Connections is a six-week manualized group intervention which incorporates an attachment, developmental and trauma-based lens. The aim of Connections is to provide information, increase awareness, and create a safe opportunity for mothers to explore their experiences of abuse in relationships; and to consider its impact on a) their parenting, b) their substance use recovery, and c) the development of their children (0-6 years). The Connections manual is available in English and French, and as a version that has been written and adapted for Canadian Aboriginal communities.

Conclusions: An introduction to the Connections intervention will facilitate an understanding of the importance of integrated, collaborative approaches when working with mothers and infants/young children at risk due to familial violence.
Child sacrifice and mutilation of children in Uganda

Tuesday, 30th August - 14:30 - Workshop 20 - Workshop

Mr. Peter Sewakiryanga (Kyampisi Childcare Ministries)

Uganda is facing a rather Unique form of human trafficking, namely Child Sacrificing. Children are kidnapped, most times taken from their home areas, Stabbed in the necks to Drain their blood and their body organs usually facial features (ears, noses, tongues, eyes, genitals) are cut off and used in spiritual medicine with a belief that they will be consumed by the spirits to bring wealth, health and some form of protection. Performed under such secrecy by witch doctors, This seemingly economically motivated phenomenon has led to the death of many children and those that have survived nurse lifelong injuries. It has had huge social and traumatic impacts across the country and mainly to the victims, their families and communities. This paper is to explain a History and exploration into the issues explaining the rescues, prosecution, legal loopholes and other interventions taken to fight the problem that is still growing.
ISPCAN regional resource centers: The impact to local professionals in child abuse and neglect

Tuesday, 30th August - 14:30 - Workshop 21 - Workshop

Dr. Irene Intebi (freelance consultant), Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Ms. Dumisile Nala (ChildLine), Ms. Girija Kumarbabu (Indian Council for Child Welfare)

Each of the four regional resource centers: (Asia Resource Center in Chennai, India; Arab Resource Center in Riyadh, Saudi Arabia; Latin American Resource Center in Patagonia, Argentina; African Resource Center in Durban, South Africa) will show the impact they have had to meet the unique needs of their regions.

Many regions of the world have unique cultural and religious practices, as well as language barriers which require resources to be translated. Our goal is to reduce the isolation and lack of resources in remote regions, as well as increase the knowledge around culturally sensitive issues that impact child maltreatment. While the resources are primarily online, some paper brochures and pamphlets are available.

The purpose of the four ISPCAN regional resource centers is to coordinate trainings, provide support to CAN professionals, and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is for the centers to pilot and disseminate effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy to protect the rights of the child.

ISPCAN is partnering with ChildLine in South Africa, and CeVioF (Centro de Violencia Familiar) through its project PROACAPI (Proyecto de Capacitación en Temas de Maltrato y Abuso Infantil) and the National University of Patagonia San Juan Bosco, to develop and maintain the Africa and Latin American regional resource centers. In Saudi Arabia, we are working with the National Family Safety Program in Riyadh, while in India we partner with the Indian Council for Child Welfare based in Chennai.
Cultural brokering and child and family services: Collaborative, family-focused, and strengths-based practice with immigrant and refugee families and communities

Ms. Kathi Campbell (Regional Manager, Edmonton Region Child and Family Services Division, Government of Alberta), Ms. Yvonne Chiù (Co-Founder, Multicultural Health Brokers Co-operative (MCHB Co-op), Edmonton), Ms. Christine Dugal (Associate Director, Cultural Diversity/Youth, Calgary Region Child and Family Services, Government of Alberta), Ms. Amanda Koyama (Manager of Family and Children Services, Calgary Catholic Immigration Society (CCIS)), Ms. Laurel McCalla (Program Director, Ubuntu Children + Families, Collaborative Service Delivery (CSD), Edmonton), Dr. Sherry Ann Chapman (Peacing Stories, Edmonton)

Since 1996, Alberta has grown significantly in size and ethnocultural diversity. Families, from across the globe, are creating new homes and providing local ethnocultural leadership to support community engagement. Innovations include cultural brokering in support of children and families in crisis. Since 2008 in Edmonton and 2013 in Calgary, the Multicultural Health Brokers Co-operative (MCHB Co-op), Calgary Catholic Immigration Society (CCIS), and Child and Family Services (CFS) have collaborated to facilitate family-focused, strengths-based, evidence-informed practice.

Objectives: To discuss the collaboration with delegates; identify how initiatives link with Alberta’s Child Intervention Practice Framework; and reflect from cultural-broker, government, and family perspectives.

Method: The Edmonton initiative is a collaboration between CFS and the MCHB Co-op with 4 pilot sites that have developed into 8 Neighbourhood Centres and a Crisis Unit. Evaluation is underway regarding the adoption of a collaborative service delivery model. The Calgary initiative is a CFS-CCIS partnership to increase collaboration, engagement, and in partnership with culturally diverse communities and to strengthen community capacity. The Cultural Brokerage team is co-located in CFS sites.

Results: Through facilitated dialogue, we will engage delegates regarding: (i) Capacities of immigrant and refugee families (e.g., realities of two-culture parenting, domestic violence, mental-health issues, pre-migration experiences) and how they enable partners to see vulnerability and inform practice; (ii) Capacities of community in connecting public/private/non-profit resources to develop family-focused practice and a trauma-informed workforce; (iii) Capacities of child-welfare systems (e.g., Brokers’ and CFS staff capacities) relative to the Child Intervention Practice Framework, a foundation for Collaborative Service Delivery and Signs of Safety. One point of discussion will be to invite participants to consider potential implications of this type of collaboration in their regions.

Conclusion: These collaborations are shifting child-protective systems in terms of capacity building and emergent learning. On-going evaluation informs recommendations for future, sustainable practice and policy making.
Action team on triadic attachment and child health (ATTACH): Results of a parental reflective function intervention

Tuesday, 30th August - 16:00 - Innovative Interventions - Oral

Dr. Nicole Letourneau (University of Calgary), Dr. Martha Hart (University of Calgary), Dr. Lubna Anis (University of Calgary), Dr. Carol Ewashen (University of Calgary), Dr. Karen Benzies (University of Calgary), Mrs. Carlene Donnelly (Calgary Urban Project Society, Calgary)

Background. Parents suffering from violence, depression and addictions create a toxic stress environment for their children that often leaves parents unable to respond sensitively to them (Center on the Developing Child at Harvard University, 2010). This interferes with forming secure parent-child attachments necessary for healthy child development (Bowlby, 1980). Secure attachment is influenced by parental Reflective Function (RF); parents’ capacity to understand and thus regulate their own feelings/behavior toward their child (Fonagy, 2014). Few RF interventions exist and typically focus on mothers’ understanding of their own psychological care-giving representations but do not promote learning RF skills via practice (Suchman, 2014) and ignore co-parents. Building on this research we have developed and pilot tested a RF intervention called ATTACH, designed for at-risk mothers (violence, depression, addictions) and their co-parent. It is intended to be an add-on program to existing parenting programs.

Objectives. This paper will describe effects of two funded ATTACH pilot studies on mothers’ RF and maternal-child interactions.

Methods. The ATTACH project was community-based, employing integrated knowledge transfer via partnering with Calgary Urban Project Society (CUPS), an inner city agency serving vulnerable families. The sample was drawn from CUPS parenting program that did not cover RF. ATTACH completed two 10-12 week pilot studies (randomized controlled trial & quasi-experiment) with 20 families.

Results. Data are being analyzed and will be ready for presentation at the conference. Attrition was very low (<5%); several factors explained high retention: (1) developing strong therapeutic alliances between mothers and ATTACH facilitators (2) offering a nurturing environment.

Conclusion. The World Health Organization (2009) has called for effective programs to address persistent discrepancies in child development. Understanding associations between parental RF and maternal-child interaction and determining the effectiveness of programs like the ATTACH, contributes to ISPCAN’s vision of accelerating innovation to improve environments that support healthy child development.
Whole family treatment: A quantitative pilot study and it’s translation into clinical practice

Objective

Intensive whole family mental health treatment has a long history (Brendler, 1987; Nakhla, Folkart, & Webster, 1969; Orford, 2015; Persson & Wallin, 2006; Wood, 1981) with select empirical evidence (Siegel & Whitmong, 1990; Sunsei, 2004), however, treatment involving the whole family has not become general practice.

In June 2015, Wood’s Homes opened the Vermilion Energy Whole Family Treatment Program; a short term family live-in program designed to improve the safety, wellbeing, adaptive functioning, and knowledge of families dealing with mental health concerns. This initiative was supported by a grant to pilot the clinical foundation of the program as well as to establish an evidence-base for whole family treatment.

The objective of this oral presentation is to present: a) the clinical basis for the program, and b) preliminary outcome data for the first year of operation related to family functioning and treatment/program satisfaction.

Methods

The oral presentation will consist of a presentation of a literature review, the translation of the literature review into clinical practice model/approach, and preliminary quantitative results of family capacity change and satisfaction.

Results, Conclusions and Implications

The Child Welfare system costs Alberta approximately $712,706 per year primarily in child intervention/protection, the cost of emergency services due to untreated mental health issues, and the cost of services in the justice system (Alberta Human Services Annual Report, 2015). Early and comprehensive intervention prior to or during welfare involvement and/or other intrusive interventions, reduces costs to the province and to the family by maintaining children in the home and preventing long term family separation. This presentation will speak to one innovative project spearheaded to intercept this burden on families and the systems in place to support them. The presenters will showcase preliminary findings on the impact of whole family treatment services within the mental health treatment continuum.
Role of self-esteem and family-level social capital in the pathway from peer victimization to maladaptive symptoms

Dr. Yanghee Lee (Sungkyunkwan university), Ms. sangwon kim (Sungkyunkwan university)

Objective: Peer violence is reaching a critical level. It has long been documented to increase the risk for various problems of children: anger and depressive symptom are frequently reported as negative outcomes in reference to peer violence. Social capital is an interpersonal resource accruing from social relationship, and it is also recognized as a protective role within the context of violence. In addition, considering that children with high self-esteem are more likely to utilize their social capital, it is worth exploring the sequential role of self-esteem and social capital in the pathway from peer victimization to maladaptive symptoms.

Method: Data was extracted from the Korea Youth Panel, collected annually by the NYPI of South Korea targeting children at 4th grade for 5 years since 2004. Data at the first wave (n = 2,844) was used in this study. Peer victimization, self-esteem, social capital (from parents and sibling), anger, and depressive symptom were included in the model, and SEM was employed to test the hypothesis using Mplus. FIML was used to handle missing responses.

Results: The model yielded an appropriate model fit (\( \chi^2 (89) = 305.455, p < .001; CFI = .980; TLI = .974; RMSEA = .029 \)). Peer victimization predicted lowered self-esteem, social capital from parents and sibling, and higher level of anger, depression symptoms. Social capital from parents and sibling(s) respectively showed to deter the pathway from peer victimization to anger and depressive mood. Moreover, self-esteem and social capital from parents were sequentially mediated in the pathways.

Conclusion: This result provides evidence that self-esteem and social capital may reduce the deleterious influence of peer victimization, and self-esteem may enable children to utilize family-level social capital. The result suggests that the joint efforts to strengthen self-esteem and family-level social capital should be enhanced to minimize the victimization.
An injury prevention framework to underpin the public health model for child protection

Tuesday, 30th August - 17:09 - Innovative Interventions - Oral

Dr. Debbie Scott (Monash University-Turning Point), Prof. Bob Lonne (University of New England), Dr. Daryl Higgins (Australian Institute for Family Studies)

Current child protection approaches in many westernised countries are driven by investigation and risk-averse responses to the needs of children where the harm experienced exceeds a predetermined threshold. This has resulted in systems being overburdened and failing many of the children who need support and care – particularly for families experiencing social, structural and economic inequalities that underpin child maltreatment and make them more likely to come to the attention of authorities. This has led to calls to move to a preventative, early intervention public health model of child protection. There has not yet been, however, a clear vision of what this would look like. This paper proposes the use of Haddon’s Matrix, which provides a detailed theoretical and practical framework for a public health model to guide intervention program design and response to child protection risk and protective factors. We argue that this framework facilitates addressing social and structural factors that contribute to inequity in the child protection context, and provides the foundation for a holistic and integrated system of prevention and intervention for a public health response to child maltreatment.
The long and winding road leading to residential treatment

Tuesday, 30th August - 16:00 - Mental Health - Oral

Mr. Bjorn Johansson (Wood’s Homes), Ms. Cindy Fang (Wood’s Homes), Ms. Brittany Corolis (Wood’s Homes), Mr. Bruce MacLaurin (University of Calgary/Wood’s Homes), Ms. Athena Elton (Wood’s Homes), Ms. Kenya Eversley (Wood’s Homes)

Objectives: The debate about residential treatment and group care being a last resort or a treatment of choice continues. Part of this debate results from the brief time frame within which success is viewed. A focus on the broader context of residential care is needed to understand which children and youth do better for what types of previous experiences, presenting concerns, forms of treatment, and duration of care. This presentation will examine case studies of several youth who accessed a number of programs within Wood’s Homes’ continuum of services over several years and highlight successful outcomes that become apparent over time.

Methods: Using a mixed-methods approach, the presentation will review each youth’s journey through treatment, highlighting qualitative and quantitative data gained from interviews, outcome measures, file history analysis, and critical debate.

Results: This presentation will examine the journey of youth and their success and challenges in residential treatment within the larger context of their extensive histories of child welfare involvement, maltreatment, trauma, and history of placement moves.

Conclusions: It is critical to situate client experiences in residential treatment within the larger context of their child welfare involvement, maltreatment, trauma, and history of placement moves. Findings will inform best practice for children and youth in residential and group care.
Differences in mental health needs and service receipt for children in kinship versus foster care placements: What we know and what we need to do better!

Dr. Scottye Cash (The Ohio State University), Dr. Alicia Bunger (The Ohio State University)

Objectives:
Although behavioral health problems are prevalent among children involved in the child welfare system, substantial service gaps persist. Children in kinship care placements are at especially high risk for unmet behavioral health needs indicating a need to investigate how behavioral health service needs and use differ across placement types. The current study compares behavioral health diagnoses, and service use among children in foster and kinship care placements.

Method
We conducted a cohort study in an urban Midwestern county using administrative data. Case records were extracted for 2302 children who came into child welfare custody between January and June 2012. From these records, we collected data on demographics, safety, risks, placement type, behavioral health diagnoses, and receipt of behavioral health services. At the time of this study, the child welfare system did not employ any systematic approach to screen, assess, or refer children’s behavioral health needs.

Results
Behavioral health problems were more prevalent among children in foster care (25.9%) than kinship (13.7%) placements, and disruptive behavior problems were most commonly reported in both groups. However, children in kinship care with a diagnosis were less likely to receive care (33%) compared to children in foster care (44%).

Conclusions
Data confirm substantial unmet needs for behavioral health services, especially among children in kinship care placements, and suggest the need for more systematic behavioral health screening, and service referrals for system-involved children. Kinship care providers may need additional supports and training to identify behavioral health needs among the children in their care, and follow-through with recommended services. Additional research examining the nature of kinship care, and contributing factors to the identification and treatment of children’s behavioral health conditions is needed to ensure that children receive needed services while in the care of their relatives.
Benefiting from disability? Children with disability (CWD) surviving solicitation into child care institutions (CCIs) in Uganda

Dr. Ronald Luwangula (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University), Dr. Eddy Walakira (Department of Social Work and Social Administration, School of Social Sciences, Makerere University), Mr. Ismael Dumba-Nyanzi (Department of Social Work and Social Administration, School of Social Sciences, Makerere University)

In the recent past, Uganda has witnessed the proliferation of child care institutions (CCIs) from 36 in 1996 to an estimated 500 by 2015. These CCIs house between 40,000 and 50,000 children (MGLSD, 2012; Walakira, Dumba-Nyanzi, & Bukenya, 2015). The recruitment of majority children comes neither as a last resort nor a necessity. Many are placed while below 3 years against the recommendation of the UN Alternative Care Framework (2009). Uganda’s Alternative Care framework and the attendant continuum of care provide for institutionalization as a last resort. CCIs are a playground for child abuse. Their negative impact on children’s quality of care, emotional wellbeing, physical, neurological, social, behavioural, cognitive development and attachment relationships (Csáky, 2009; Abela et al., 2012; Bakermans-Kranenburg, Dobrova-Krol, & Ijzendoorn, 2011; Ainsworth 1967) need no overemphasis. In our continuous engagement (at baseline, mid-term and end-term) with 13 CCIs in Jinja, Wakiso and Kampala districts (over 2 years) involved in a TdH funded “Strong Beginnings” project aimed at improving the care practices of CCIs, we found that CWD were hardly admitted much as they share similar circumstances with the rest of the children that would lead them into CCIs. CWD are perceived to place relatively higher financial and human resource (maintenance) costs than their counterparts on CCIs. Situated within the theoretical frameworks of citizenship and exclusion, this paper interrogates the paradoxical benefits of disability in the context of phenomenal solicitation of children into and by CCIs with business motives through institutionalization.
Transition to adulthood: The impact of childhood violence experiences on substance abuse and mental health for Romanian youth

Tuesday, 30th August - 17:09 - Mental Health - Oral

Dr. Maria Roth (Babes-Bolyai University), Dr. Sergiu Raiu (Babes-Bolyai University), Dr. Mihai Bogdan Iovu (Babes-Bolyai University), Dr. Anna Bernath (Babes-Bolyai University)

Problem statement: Experiences of childhood abuse and neglect have been often pointed out as risks factors in adolescence and adulthood. Experiencing or witnessing violence can lead to the harmful use of alcohol as a way of coping (WHO, 2006). This study examines the effects of reported family violence experiences and bullying on the life course to adulthood, with an emphasis on risk behavior and mental health problems of youth in Romania. Method: Data are drawn from a large-scale, national representative longitudinal sample of 3524 senior high school students, followed by a second wave, two years after, with 1497 respondents. The analyses accounted for gender, urban-rural differences, socioeconomic deprivation, experiences of violence (physical, emotional and sexual violence, neglect, experience with domestic violence and bullying) and risk behaviors described as alcohol and drug abuse, as well as depression and anxiety.

Results: Physical abuse was reported by 14.5%, neglect by 13.1%, domestic violence by 12.3% of the sample; 32.6% reported at least one form of violence in the family. Bullying was reported by 57% of the sample. Using logistic regression analysis models we found that reported past violence increased the power of the explanatory models for drug consumption, frequent alcohol consumption and mental health disorders. Feeling neglected and experiences of domestic violence in childhood came out to have a stronger influence on drug consumption, compared to physical violence. In our logistic regression model, gender, rural-urban differences, violence in the family, bullying and depressive reactions explain 11% of variance in drug consumption and 20.5% in alcohol abuse. Implications: Besides the proof that experiences of childhood violence have a significant role in substance abuse and mental health problems in young adulthood, this research showed that gender is the most relevant denominator of outcomes of behavior and mental health problems in young adulthood.
Experiences of children: Unanswered questions about conflicts between children and parents

Tuesday, 30th August - 16:00 - Child and Parent Conflict - Oral

Dr. Donald Bross (Kempe Center, University of Colorado)

The length of the workshop is 60 minutes. This is a session involving interactive learning and the dissemination of training and/or skills. Interactive learning is incorporated throughout the presentation.

“Experiences of children: Unanswered questions about conflicts between children and parents”

The objective of this workshop is to illuminate unanswered questions about children’s rights and participation in major decisions about their lives. Different societies respond to these conflicts through informal and formal means. The method will be to (1) Ask participants to vote on which one or two of the example conflicts will be discussed, and (2) then ask participants from the different cultures present to offer insights into how each specific conflict between children and parents would be resolved in their societies. This discussion will be followed by (3) a single paragraph summary by the presenter on how common law (available for some 1.5 billion world inhabitants), might resolve the conflict in question. If there is time left a final exchange will invite discussion as to when the child’s voice would be supported and perhaps even enforced over the wishes of the parent in various societies. Ideally, the example areas of conflict to be discussed will be:

a. When children with chronic illnesses are refusing to participate in treatment are parents free to endorse their child’s decision? (11 factors have been identified)

b. When parents with different religious, racial, national, gender preferences or other potential disagreements about conflict over the care of children to what extent should the conflict be viewed in terms of the individual rights of the children? (MEPA)

c. At what point in the existence of a human life should protection of that life become a matter of potential societal intervention? (Accountability before conception, during pregnancy and birthrights)
Disability in refugee children and youth in south western Sydney: Double jeopardy

Tuesday, 30th August - 16:23 - Child and Parent Conflict - Oral

Dr. Paul Hotton (Liverpool Community Paediatric Health), Dr. Shanti Raman (South Western Sydney Local Health District, Liverpool Hospital,), Dr. Tara Brown (South Western Sydney Local Health District, Liverpool Hospital,), Dr. Romy Hurwitz (South Western Sydney Local Health District, Liverpool Hospital,)

Background and Aims:
The health needs of refugee children and young people have been well described in the international literature; similarly research studies have established that refugee children in Australia have significant health needs. There is less known about the burden of disability in newly arriving refugee children in Australia. Our aims were to determine the health, social and service needs of refugee children and youth presenting with developmental disability to refugee clinics in South Western Sydney (SWS).

Methods:
Clinical data were collated on children (<18 years) attending the paediatric refugee clinic in SWS between 2010 and 2014, with a focus on those with a disability. Simple descriptive analysis was performed using SPSS V10. A case study of a 17 year old profoundly disabled refugee youth who required prolonged hospitalisation to manage health and support needs is presented.

Results:
A total of 137 children were seen in the paediatric refugee clinic in the period. Mean age was 7.3 years, 60% were male, most were of Middle-Eastern origin. The proportion of children with developmental disability went from an average of 12% of patients seen in 2010 to 2013; to 37% in 2014. More presentations with severe/profound disability with co-morbidities were seen in 2014. Immigration policy changes to health status criteria for refugee applicants occurred in 2012, most likely accounting for this rise. The case study demonstrated the challenges for health, disability, education and welfare services in coordinating care.

Conclusions:
Disability and co-morbid chronic health conditions appear to be emerging issues in newly arriving refugee families. These children and young people are among the most vulnerable in our population. Better coordination by health and welfare professionals is essential to assist refugee families as they deal with compounded settlement stress, as well as navigating health, education, welfare and support service systems.
Background

Decades of conflict has eroded the physical and social fabric of Afghanistan, adversely impacting the entire population. These conditions are known to increase the likelihood of violence against children. It is difficult to ascertain the extent of violence against children, as official reporting does not exist, and much of the research has been done retrospectively often with refugees. The aim of this study was to ascertain violence against children prevalence measures in three regions of Afghanistan.

Methods

Structured interviews were used in population-based random sample of children, parents, community and religious leaders, and professional groups from Kabul, Jalalabad and Torkham. Demographic information was collected as well as items from the International Child Abuse Screening Tool (ICAST-CH). Questions related to their knowledge and experience of violence against children. The statistical significance of differences between groups and measures of association were assessed by Pearson’s chi-squared test, Mann-Whitney test and Kruskall-Wallis one-way ANOVA.

Results

A total 456 interviews were conducted, including 170 children. Almost 70% of the households from Jalalabad had 8 or more children, compared with 25.0% in Torkham and less than 2% in Kabul (p<0.0001). 78 % of children reported being a victim of violence recently, most often violence occurred in the home. Over a quarter of the children interviewed reported having never attended any formal schooling and 88.5% of children were working. Prevalence and group differences in child and adult knowledge and experience of physical, psychological, sexual abuse and exploitation in the home, school, workplace and community settings will be presented.

Conclusions

The results are important given the lack of empirical data currently available on violence against children in Afghanistan. Such data can be used to inform targeted community interventions to better detect, prevent and protect vulnerable children from exploitation and violence.
Parental violence against children in Afghanistan: Concerns and opportunities for positive change

Tuesday, 30th August - 17:09 - Child and Parent Conflict - Oral

Prof. Patrick O’Leary (Griffith University), Ms. Luana Desouza (Terre des Hommes Afghanistan), Ms. Kristen Hope (Terre des hommes Lausanne Foundation), Dr. Mohammad Shah Naimi (Terre des Hommes Afghanistan), Mr. Hassan Khan (Terre des Hommes Afghanistan), Mr. Qazi Sadaqatullah Jawad (Terre des Hommes Afghanistan), Mr. Sabir Majidi (Terre des Hommes Afghanistan), Dr. Cate Cameron (Griffith University), Mr. Ali Lakani (Griffith University), Ms. Jodi Osborne (Griffith University)

Background
Violence against children (VAC) is a serious issue in Afghanistan. In regions affected by conflict and poverty the importance of parental support to children is often critical to child well being, given other mechanisms for support are non-existent or fragile. Afghanistan over many decades has experience ongoing conflict and disruption to family and community life.

Methods
Structured interviews from random population based sample consisting of 145 children, 104 parents and 182 community stakeholders were conducted. Demographic information was collected as well as items from the International Child Abuse Screening Tool (ICAST-CH). The survey was conducted in three geographical locations in Afghanistan (Kabul, Torkham, and Jalalabad).

Results
The presentation will focus on results relating to the child/parent. 78 % of children reported being subjected to physical forms of violence, with the home being the most likely location of where violence occurred. 92% of parents reported using physical violence against their children. Consistent with international research children cited their parents as their preferred source of support in situations of violence. Most parents viewed violent forms of parenting as the least effective and had a desire to use nonviolent methods of discipline. Other variables associated with parent’s occupation, location and level of child’s education were associated with VAC.

Conclusions
These results offer a disturbing yet ‘on the ground’ insight into the VAC in Afghanistan from the experience of children and parents. The results have important implications for programming design and focus for stopping and preventing VAC in the Afghan context. Programming that supports parent and child education as well as poverty alleviation are most aligned to the results. These implications along with limitations and suggestions for future research on VAC in Afghanistan are explored.
Access to legal services in women’s shelters

Tuesday, 30th August - 16:00 - Supporting Children and Parents - Oral

Ms. Alysia Wright (Canadian Research Institute for Law and the Family), Dr. Lorne Bertrand (Canadian Research Institute for Law and the Family)

The complex nature of interpersonal violence (IPV) poses unique challenges to service delivery models due to the need for responsive client-focused services, increased safety measures, multi-agency collaboration, and intersectoral partnerships within the housing, health and justice systems. The literature suggests that help-seeking behaviours, cultural competency and the unique service needs of urban and rural populations influence the provision of IPV service delivery and client interactions with the justice system. It is important that the family court system recognize the need for a dedicated response to cases with a domestic violence component, particularly in an effort to increase the safety of women and children exiting violence in the home.

This study examines access to legal services among clients of women’s domestic violence shelters. The study samples the views of staff and clients at three Calgary-area domestic violence shelters with the goals of improving understanding of clients’ legal service needs, understanding the challenges clients attempting to access legal services encounter and making recommendations for improvement. There is significant value in studying the legal access patterns of women who experience intimate partner violence and the availability of legal assistance to vulnerable populations presenting with complex socio-legal needs. The authors conclude that clients’ service needs are complex and often involve legal problems, yet shelters face specific organizational barriers to coordinating legal services.

The authors recommend that a further Alberta-wide study be undertaken to examine the legal access patterns of women experiencing domestic violence, to assess the prevalence of the barriers identified in the study and to determine whether further barriers are present in other shelters.
Allegations of child abuse during divorce

Tuesday, 30th August - 16:23 - Supporting Children and Parents - Oral

Dr. Aysun Baransel Isir (Gaziantep University/Medicine Faculty/Forensic Medicine Department), Prof. Figen Sahin Dagli (Gazi University Faculty of Medicine), Ms. Hatice Kaynak (Ankara Bar Association)

Objective: This study aims to draw attention to allegations of child abuse in family courts during divorce of the parents. It contains information about demographic features, the role of child abuse in divorce and also the treatment and legal processes of divorced parents and their children who have applied to Child Protection Center of Gazi University in Turkey.

Methods: The data about the facts of 32 children reports that is sent with the allegations of abuse of one of the parents during divorce from courts between 2010 and 2013 to Child Protection Center of Gazi University in Turkey were analysed retrospectively.

Results: The scope of the research was the 32 children with a total of 65 allegations of different types of abuse. Out of these, 78% were girls. The average age of children was 6,72±3,41. Almost half of mothers were illiterate or primary school graduates while 19 fathers were high school graduates or have higher education. Four fathers (12%) were alcohol or cannabis user. The type of abuse allegations were: emotional abuse in 27 children, physical abuse in 23 children and sexual abuse in 15 children. Out of these children 11, 11 and 9 cases were decided not to be abused respectively after thorough evaluation by the child protection center team but it is concluded that the claim of mother that her child is abused by his or her father is generally proven to be right.

Conclusion: In our study, it has been concluded that child abuse might be the main reason of divorce or may be used by one of the parents as a pretext for divorce although it is not true. Therefore evaluation of the cases by the child abuse experts is critically important. Long term follow may be necessary for child’s safety.
Imaging fathers: Supporting children who have experienced domestic violence

Prof. Jane Callaghan (University of Northampton), Dr. Lisa Fellin (University of East London), Ms. Joanne Alexander (University of Northampton)

Objectives

Children who experience domestic violence report complex and challenging relationships with their perpetrating parents. Academic literature and professional practice provides little guidance on supporting children who experience domestic violence in working through the complexities of their relationships with the perpetrating parent. This paper is based on interviews with children where the main perpetrator of domestic violence was their father. It paper explores children’s often ambiguous relationships with their father, and suggests strategies to support children in working through these relationships.

Method

The project ‘Understanding Agency and Resistance Strategies’ involved interviews with 107 (aged 8-18) children who had experienced domestic violence. Based on these interviews, a group based intervention was developed and piloted to support children. These group based interventions were evaluated using routine outcome measures and interviews with 21 children who had participated in the groups. This approach yielded a rich data set of interviews and visual imagery.

This paper provides an overview of the relational work conducted in these intervention groups, and presents an analysis of children’s talk about their relationships with their perpetrating parent. Interviews were analysed using Denzin’s Interpretive Interactionism.

Results

Major themes emerging from the interviews included children’s ambivalence about their relationship with their perpetrator father, and highlighted the identity implications of this for the children themselves. In particular, children’s gender identity, their sense of their future relationships and their understanding of their potential future parenting experiences are all complexified by the ambivalent feelings, memories and experiences that they have of their fathers.

Conclusions

The paper concludes that there is a need to make space in practice for children to work through the complexity of their experiences with their fathers, but that this must be managed without risking collusion with perpetrators.
Young carers in Sweden

Objective: Children in families experiencing mental health problems, substance abuse, domestic violence or other problems may take great responsibility for domestic chores and personal or emotional care for parents or siblings. They may take more responsibility than children usually are expected to do, often over a long period of time. Also, they may be exposed to neglect and don’t receive the support they need from the adults in their family. While there is a growing body of research in countries such as Great Britain or Australia, knowledge about young carers is still in the beginning in Sweden. This presentation is about a pilot study with children at risk for being young carers.

Method: English questionnaires (for example MACA-YC42 and PANOC-YC20, Joseph, Becker, Becker & Regel 2009; Perceived impact, Cassidy & Giles, 2013) were translated and included into a Swedish survey. The type, amount and impact of caregiving were investigated, as well as psychological well-being. 30 youth at the age of 10 to 18 years participated in the study. They were recruited via support groups for children with parents with mental health problems, substance abuse or other problems.

Results: The main results show that Swedish youth at risk for being young carers differ from youth in other countries in several ways. For example, they do less domestic chores, but perceive less positive and more negative impact of caregiving, as compared to British results (Joseph, Becker, Becker & Regel 2009). Also, they asked for questions about family violence to be included in the questionnaire.

Conclusions: young carers in different countries may report different type, amount and impact of caring. Questionnaires used by social workers or health care providers in order to identify young carers in need for support have to be adapted to the circumstances of each country.
A multi-entity national response to child protection

Tuesday, 30th August - 16:00 - Prevention - Oral

Ms. Sanjana Bhardwaj (Ministry of Interior Child Protection Centre), Dr. Mohamed K. Al Ali (Ministry of Interior Child Protection Centre)

Objectives: The Ministry of Interior (MoI), United Arab Emirates (UAE), in 2010, established the Higher Committee for Child Protection (HCCP) to fulfill the national responsibility as a signatory to the United Nations Convention on the Rights of the Child.

Method: The HCCP is a multi-agency national body comprising of nearly forty federal and local entities with responsibility to make recommendations for development and improvement of child protection services across all the identified fourteen dimensions.

The HCCP launched the Ministry of Interior Child Protection Centre to develop, implement and regulate initiatives and actions aimed at providing safety, security and protection to all children living and visiting the UAE. It contributed to the development of the UAE National Childhood and Motherhood Strategy (2012-2021). In addition, it reviewed the draft Child Rights Law (2008) and made several recommendations relating to specific issues including sex offenders, possession of child abuse materials.

The role for HCCP has broadened since its inception five years ago and a strategic framework is now being developed for it to provide leadership and governance over all aspects of child protection in the UAE.

Results: The HCCP strategic framework which is inspired from UK’s Model National Response approach is in the process of being developed. It aims to address six strategic objectives in the areas of partnerships & networking; response & investigation; policy & legislation; building public confidence; providing support to child victims and developing capacity and capability for child abuse investigation.

Conclusions: The strategic road map for HCCP will help identify the key enablers and facilitating actions necessary in relation to each of the 14 child protection dimensions, taking into account the different perspectives offered by the 4Ps – prepare, prevent, pursue and protect – through twin principles of information sharing and collaborative intervention.
Child maltreatment in Nigeria: Conceptual framework to adapt evidence based prevention programs

Background
Child maltreatment is known to have many negative implications for victims, communities and countries. Africa in general and Nigeria in particular is faced with high prevalence of child maltreatment. Prevention of child maltreatment is known as the best approach to address the problem. However, available successfully implemented evidence based prevention programs are from developed countries. Adapting these evidence based programs to prevent child maltreatment in Nigeria is a logical approach. However a number of challenges such as: costs, culture, social, economic, religious/spiritual, illiteracy among others have to first, be overcome to effectively adapt these evidence based prevention programs. Although it is possible to adapt evidence based prevention programs across cultures, however identifying a program theory that matches the new culture and the evidence based program is an important prerequisite.

Objective
This article undertakes a historical review of child maltreatment in Nigeria since 1986 and post 1986, along historical line it identifies socio, political, cultural, religious/spiritual factors etc that contribute to child maltreatment in Nigeria.

Result
Harmony Restoration Theory (HRT) was identified as an indigenous and culturally based theoretical framework to adapt evidence based prevention programs from developed countries. It also presented HRT as a conceptual theoretical framework to serve as a program theory while adapting evidence based child maltreatment prevention programs from developed countries in Nigeria and indeed Africa.

Conclusion
Using the HRT individual (endocosmos), community, family and significant others/societal (mesocosmos) and spiritual/religious factors are identified as important cultural constructs that ought to be understood to prevent both first occurrence and reoccurrence of child maltreatment in Nigeria. HRT presents as an innovative approach to child maltreatment prevention.
Preventing child maltreatment by developing a national action plan

Tuesday, 30th August - 16:46 - Prevention - Oral

Ms. Jenny Gray (WHO Regional Office for Europe), Ms. Dimitrika Jordananova-Pesevska (WHO Regional Office for Europe), Dr. Dinesh Sethi (WHO Regional Office for Europe)

Child maltreatment is a major public health problem having a serious impact on the health and development of children. The requirement to adopt and implement a national action plan to address its prevention is set out in international and human rights instruments.

The WHO European Regional Committee Resolution, EU/RC64/R6: Investing in children: the European child and adolescent health strategy 2015–2020 and Investing in children: the European child maltreatment prevention action plan 2015–2020 emphasise improving the health and well-being of children and reducing the burden of children’s ill health, including of maltreatment and other adverse events in childhood. The European child maltreatment prevention action plan, has a specific objective on improving governance to enable multi-sectoral preventive programming. A national action plan is an essential tool for supporting comprehensive and sustained prevention actions and responses to child maltreatment. When properly formulated and implemented it can have a significant impact on the health and well-being of children.

WHO Europe published a Handbook on the development of national action plans to prevent child maltreatment to support the development and monitoring of such action plans. This paper, using examples from a number of European countries, will describe ways in which European governments’ policies and visions are intended to be, or have been made concrete, through actions or changes at a national or sub-national level. Key is the engagement of all stakeholders, including children, making best use of available data and the evidence base on effective preventive programmes. It will also demonstrate how these plans support WHO Europe’s goal “to reduce the prevalence of child maltreatment by implementing preventive programmes”, its related target and three objectives together with WHO’s targets and indicators set out in the Global Action Plan on Violence Prevention (2016) and the United Nations’ Sustainable Development Goals (SDG) agreed in 2015.
"We protect children"- A systemic and comprehensive approach to protection of children from abuse

Tuesday, 30th August - 17:09 - Prevention - Oral

Ms. Beata Wojtkowska (Empowering Children Foundation)

In Poland there are no statutory requirements on safeguarding children in schools or other institutions providing children with care, education and entertainment. According to the several studies (NCF 2006, 2009, Ministry of Labor 2009) professionals in Poland had no sufficient knowledge and skills to protect children from abuse. NCF’s 2009 survey showed that individuals best equipped to help abused and exploited children, i.e. teachers, failed to react to such situations in 50% of cases.

In 2010 a Polish NGO launched a child abuse prevention programme “We protect children” to promote a strategic approach to child protection so that all education and care institutions apply the same standards of protecting children from violence and abuse. It is achieved by introducing a child protection policy in education and care institutions and by providing these institutions with services and tools to improve the staff and parents’ skills in protecting children from abuse. Another objective is to increase children’s knowledge about how to avoid threats and where to seek help and support in difficult life situations. Education and care institutions that meet the standards of protecting children from violence and abuse are granted a special certificate.

In the first stage, programme was piloted in several districts of Warsaw. Since 2013 it has been scaled-up and implemented throughout Poland. Until January 2016, 2240 care and education institutions joined the programme. In 2015 due to the success of the programme in the education sector it was launched in reception centres for asylum seekers.

The intervention will present the example of systemic approach to child abuse prevention implemented in cooperation with different public agencies. Secondly, challenges, opportunities as well as the tools, methods and techniques of scaling up of a small grass-root project will be discussed.
Singapore parents who fail to ensure their children’s school attendance: Why this occurred, what had been done and how it was perceived

Tuesday, 30th August - 16:00 - Children in Schools - Oral

Ms. Angel C.Y. Kwok (Singapore Children’s Society), Ms. Jerrine Z.N. Khong (Singapore Children’s Society), Ms. Denise Liu (Singapore Children’s Society), Ms. Sue Cheng (Singapore Children’s Society)

In Singapore, the Compulsory Education Act requires citizens of compulsory schooling age (between 7 to 15 years) to attend a national primary school regularly, unless otherwise exempted. Families who fail to register their child for school or send their child to school regularly are referred to organizations such as the Singapore Children’s Society (SCS). From 2003, caseworkers from SCS have been working with these families to ensure that their children attend school regularly. This retrospective study revisited families we had worked with between 2003 and 2014. We explored their perception of education, reasons for the children not being registered for or not attending school regularly, and their perceptions of the caseworker and the interventions provided.

Face-to-face semi-structured interviews were conducted in 2015 with 15 children and 33 relevant individuals (e.g., parents, caregivers, and siblings) who received Compulsory Education intervention. Qualitative analyses suggested that while participants recognized the importance of education, especially for future job opportunities, factors such as family issues, financial difficulties and motivation of the child also affected school attendance. Intervention strategies included both direct and indirect financial assistance and equipping the child with skills to manage emotions and using incentives to reward regular school attendance. The study also shed light on the difficulties children faced upon returning to school. Insights from this study highlight the importance of addressing children’s emotional issues and involving community partners to provide continual support to families post-intervention.
The good school toolkit for reducing violence among primary school children with disabilities: A cluster-randomised controlled trial in Uganda

Tuesday, 30th August - 16:23 - Children in Schools - Oral

Dr. Karen Devries (London School of Hygiene and Tropical Medicine), Dr. Hannah Kuper (London School of Hygiene and Tropical Medicine), Dr. Nambusi Kyegombe (London School of Hygiene and Tropical Medicine), Ms. Louise Knight (London School of Hygiene and Tropical Medicine), Dr. Elizabeth Allen (London School of Hygiene and Tropical Medicine), Ms. Susan Kelly (London School of Hygiene and Tropical Medicine), Ms. Morgon Banks (London School of Hygiene and Tropical Medicine), Mr. Dipak Naker (Raising Voices)

Introduction: Children with disabilities are believed to be more vulnerable to violence, but there is little empirical evidence. Furthermore, strategies have not been tested to reduce violence experienced by children with disabilities. The Good School Toolkit (a complex behavioural intervention) has been shown to reduce violence from school staff in Uganda. We tested whether it was also effective for children with disabilities.

Methods: We randomly selected 42 primary schools (clusters) from 151 schools in Luwero District, Uganda, with more than 40 primary 5 students and no existing governance interventions. All students in primary 5, 6, and 7 (approximate ages 11-14 years) and all staff members who spoke either English or Luganda and could provide informed consent were eligible for participation. Presence of disability was measured by the Washington Group Short Set questions. We randomly assigned 21 schools to receive the Good School Toolkit and 21 to a waitlisted control group in September, 2012. The primary outcome, assessed in 2014, was past week physical violence from school staff.

Results: At baseline, children with disabilities were significantly more likely to report experiencing physical, emotional or sexual violence or injury from school staff compared to children without disabilities. They were also more likely to report physical or emotional violence from peers. The Good School Toolkit significantly reduced the risk of physical violence from staff among the children with disabilities. Furthermore, we did not find any evidence of statistically significant differences in effects of the intervention between students who reported no difficulties, those who reported some difficulties, and those who had a disability.

Conclusions: The Good School Toolkit intervention can be considered effective for reducing violence from staff and peers towards students with difficulties and disabilities.
Good school study process evaluation: Exploring delivery, adoption and reach of the good school toolkit intervention in Ugandan primary schools

Tuesday, 30th August - 16:46 - Children in Schools - Oral

Ms. Louise Knight (London School of Hygiene and Tropical Medicine), Dr. Elizabeth Allen (London School of Hygiene and Tropical Medicine), Ms. Angel Mirembe (Raising Voices), Mrs. Janet Nakutu (Raising Voices), Dr. Nambusi Kyegombe (London School of Hygiene and Tropical Medicine), Ms. Sophie Namy (Raising Voices), Mr. Dipak Naker (Raising Voices), Dr. Karen Devries (London School of Hygiene and Tropical Medicine)

Introduction: Results from the Good Schools Study cluster randomised controlled trial indicate a 42% reduction in physical violence from teachers to students at school. The aim of this analysis is to explore delivery and adoption of the Toolkit by schools and the extent to which different actors in the school context were engaged in the intervention; to help understand how the Toolkit has such a large impact and why the impact may differ between students and schools.

Methods: We draw on data from our 2014 cross-sectional trial endline student (n=1921) and staff (n=283) surveys conducted in 21 schools receiving the Toolkit and process data collected prospectively during 18 month Toolkit implementation. Process data: Delivery: Raising Voices program implementation data, school-led Toolkit activities, Adoption: School level observations; Reach: survey data on individual Toolkit exposure. Associations between Toolkit exposure and physical violence from staff are explored using logistic regression.

Results: Process data shows some variation in number of reported school-led Toolkit activities reported by the schools, similar levels of Toolkit exposure across schools and variation level of physical violence in schools post intervention. Findings suggest an increased number of school-led activities may lead to more student exposure to the Toolkit and that individual students that are more exposed to the Toolkit have a 24% reduction in odds of experiencing physical violence from staff in last week (aOR: 0.76, 95% CI: 0.67-0.86) and teachers that report more exposure to the Toolkit have a 23% reduction in odds of reporting use of physical violence against students in last term (aOR: 0.77, 95% CI: 0.60-0.99).

Conclusion: Students and staff with higher levels of engagement with the Toolkit, show higher reductions in violence, supporting the idea that the Toolkit might work by improving mutual understanding through knowledge and participation in the Good School Toolkit activities.
Creating a culture of non-violent discipline in schools: Lessons learnt from a pilot programme in South Africa

Tuesday, 30th August - 17:09 - Children in Schools - Oral

Ms. Divya R Naidoo (Save the Children South Africa)

Despite the sophisticated legal framework that is in place, children in South Africa face high levels of violence at home, in school and in communities by people entrusted to care for and protect them. Violence in the form of corporal punishment by parents and teachers, is exacerbated by a public, whose attitudes and beliefs are generally marked by a tolerance of corporal punishment against children, and acceptance that it cannot be prevented. Violence has long-lasting consequences for children and evidence shows a link between childhood violence and adult mental health disorders and substance abuse.

This presentation will discuss the evaluation results of an innovative positive discipline process undertaken by Save the Children South Africa, with the following objectives:

• Pilot the implementation of the 7-step programme for positive discipline in 15 schools;
• Evaluate the process to enable the development of a ‘best practice’ model that may be replicated in schools across South Africa.

Method
A process evaluation using qualitative methods for data collection; including focus groups, interviews, meetings, observations, pre-test and post-test questionnaires, continuous monitoring and adaptation of programme strategy.

Results
While some schools rolled out the programme and progressed to various stages of the 7-step process, others struggled. Challenges included poor support from school management and the Department of Basic Education; limited parental participation and in-house counselling support; limited time and conflicting curriculum demands. Teachers requested tried and tested positive discipline strategies and an enabling environment.

Conclusions
Positive discipline programmes within challenging contexts requires buy-in from the Department of Basic Education at national, district and school level. An enabling environment for educator participation was crucial (dedicated time, in-house counselling for learners, space to share grievances and positive discipline strategies, mentorship, accessible community support services). Finally, concrete positive discipline strategies with the 7-step process works.
Juvenile justice in Cambodia and Vietnam. Analysis of legal framework, practice and impact on children in conflict with the law”

Tuesday, 30th August - 16:00 - Juveniles and Justice - Oral

Ms. Leen Decadt (World Vision International East Asia)

Objectives and Methodology

Various aspects of Juvenile Justice (JJ) minimum standards, legislation and practice were examined in Vietnam and Cambodia, focusing primarily on juvenile perpetrators of child sexual abuse. The research aimed to support World Vision Cambodia and Vietnam and its institutional partners to support the current review of juvenile legislation and practices, and adherence to international standards and child-sensitive procedures for Children in Conflict with the Law (CICL) during different stages of the justice system. Information through desk research, surveys and key informant interviews identified gaps and abuses that occur to CICL in Cambodia and Vietnam, with corresponding analysis and recommendations.

Results

Detailed gap analyses of the two JJ frameworks contribute to the legal revision process happening in both countries, and advocate for addressing the gaps in the current legislation and practices, as there are major concerns of unfriendly prosecution practices, lack of psychological and legal insights by concerned officers, social workers and family members of CICL and violations of their rights in the different stages of the justice process. Examining case studies of juvenile perpetrators of sexual abuse illustrates the importance of early prevention and services to address sexually harmful behavior of juveniles, with increasing risk of sexual abuse by peers during detention. These behavioral rather than criminal problems should be addressed through community based education rather than going through the justice system.

Conclusion

Existing and effective CICL services (including prevention, diversion pilots, legal aid, reintegration and rehabilitation services like vocational training and therapeutic services) should be rolled out by government and specialized NGOs to other parts of the country or other prisons, filling the gaps that prevent the effective implementation of JJ laws. Less CICL will fall between the cracks, including those under the age of criminal liability or with sexually harmful behavior.
Youth understanding of child protection issues- Pakistan

Tuesday, 30th August - 16:23 - Juveniles and Justice - Oral

Ms. Mehek Naeem (PAHCHAAN), Dr. Naeem Zafar (PAHCHAAN)

It is estimated that more than 60% of Pakistan’s populations is youth, aged between 18-35 years. Most of them are at a point where they are either ready to have their own children or have entered parenthood. It is important to gauge their understanding of issues pertaining to child protection including child abuse, neglect and violence. This study included 250 youth participants from various walks of life including university students and young professional from rural and urban setting. Quantitative Questionnaire design was used. Participant’s knowledge and attitudes about emotional abuse, sexual abuse, neglect and exposure to violence was studied. It was seen that most participants had good knowledge about the prevalence of abuse and violence, emotional abuse and exposure to violence. However, some participants were not clear about the definition of physical abuse and believed that physical punishment can be used for disciplining children. Similarly, some participants were also unclear about sexual abuse and thought that sexual abuse is only limited to rape. This can be due to the myths and taboos that surround physical abuse and sexual abuse.

These are only preliminary finding but more research needs to be conducted on the existing understanding of issues pertaining to child abuse, neglect and violence. Only then, adequate steps can be taken to sensitize and engage young adults to protect children.
Innovations in trial processes for young complainant witnesses

Tuesday, 30th August - 16:46 - Juveniles and Justice - Oral

Ms. Isabel Randell (University of Auckland), Prof. Fred Seymour (University of Auckland)

Objectives: Young people appear as witnesses in the New Zealand criminal justice system most commonly as a result of sexual abuse allegations. Despite legislative reform, court involvement is thought to remain significantly distressing for young people. Recently Judges in one New Zealand court introduced changes to the trial process intended to reduce the stress of court involvement for young witnesses and improve the quality of their evidence. Changes include meeting the Judge before trial, giving their evidence at the beginning of day, improvements to the CCTV room, and greater Judge intervention with inappropriate cross examination. The current research will contribute to further development of such innovations and their adoption in other New Zealand courts.

Method: Interviews and focus groups were conducted with young complainant witnesses in trials for sexual offences, parents of such witnesses, and professionals including Judges, prosecution and defence lawyers, Victim Advisors, Court support staff and Police. Transcripts were analysed to identify common themes in the Court experiences of young witnesses and their families and perspectives regarding the innovations in trial processes.

Results: For witnesses and their families, uncertainty about the trial process, delay to going to trial, lack of support for parents, and aggressive and confusing defence lawyer cross examination were experienced as particularly stressful and distressing. Preparedness, victim support services, being believed and having the opportunity to tell their story in Court were experienced by families as helpful and positive. Trial innovations were generally perceived as positive and as contributing to young witness wellbeing and evidence, although a number of concerns were identified by professionals.

Conclusions: The findings suggest that useful changes to address young witness experience in trials can be made by Judges within existing legal and resource framework and in the absence of legislative change which is more difficult to achieve.
Directed advocacy with young people

Tuesday, 30th August - 17:09 - Juveniles and Justice - Oral

Ms. Kelly Stratford (Office of the Child and Youth Advocate, Alberta), Ms. Shannon Lauder (Office of the Child and Youth Advocate, Alberta)

Directed Advocacy with Young People – Office of the Child and Youth Advocate (OCYA), Alberta

Objectives:
To share information on the individual advocacy work of the OCYA, an independent child rights based advocacy program in Canada. Advocacy is available to young people receiving services in the child intervention (welfare) system and/or the youth justice system. The information shared will focus on the principles and practices that underpin the way the OCYA engages and works with young people on individual issues. The main focus will be the innovative way the OCYA takes direction (aka instruction) from young people for all individual advocacy activities, except in limited circumstances. Information on taking direction from younger children will be highlighted.

Background:
Young people are referred to the OCYA for a variety of reasons, including but not limited, to the young person:

• Not feeling heard in decisions being made about them,
• Disagreeing with a plan for their care or are unhappy where they have been placed, or
• Wanting connection with family or their cultural community and this is not being acted upon.

OCYA advocates work with the young person to develop and implement a plan; the young person directs the advocacy.

• Young people can decide if they can work with their advocate, or if they want a different one.
• Young people can decide how much information to give to their advocate.
• An advocate’s job is not to determine what is best for a young person.

Method:

• This information can be shared through either the Poster, Oral or Workshop formats.

Results:

• Participants will gain a greater understanding of the possibilities of engaging young people, including younger children in actively participating in advocacy.
Violence intervention within the health system using a nationally-consistent, multi-agency, comprehensive approach

Tuesday, 30th August - 16:00 - Multi-Agency Systems - Oral

Ms. Helen Fraser (Ministry of Health), Ms. Miranda Ritchie (Health Networks Ltd), Prof. Jane Koziol-McLain (Auckland University of Technology), Mrs. Anne-Marie Tupp (Health Networks Ltd), Ms. Kara-dee Morden (Shine*), Dr. Catherine Topham (Shine*)

Background

New Zealand has implemented a nationally-consistent, multi-agency, comprehensive approach to early identification of family violence (FV) within the health system. The violence intervention programme (VIP) system evolved from the release of the Ministry of Health’s (MoH) Guidelines in 2002; in 2016 these Guidelines were refreshed and published as the Family Violence Assessment and Intervention Guideline; child abuse and intimate partner violence.

Objective:

To describe the systems approach used in VIP in all 20 District Health Boards (DHBs).

Method

The VIP’s use of evidence, expert opinion and quality improvement processes has enhanced the national and regional systems. The systems include funding for DHBs, template policies, documentation forms, referral forms, posters, cue cards, standardised training package for frontline clinicians, technical advisors and quality improvement tools, including a national evaluation. The health sector intervention is delivered in partnership with community agencies; interagency relationships are enhanced through formal memorandum of understanding, local interagency relationships and joint training.

Since 2007, when a national programme was formally established, the system supporting the clinical response for FV has continued to evolve and expand. Clinicians are trained in child protection and routine questioning for intimate partner violence (IPV). When abuse is identified the intervention includes: providing support, completing a health and risk assessment (dual assessment for child abuse and neglect (CAN) and IPV), safety planning, documentation and referral to specialist community agencies.

Results

Since 2003, the national evaluation results assessing DHBs’ responsiveness to FV have increased; IPV from 20 to 92 (out of 100) and CAN from 37 to 93 (median scores). In 2016, DHBs have the VIP infrastructure required, achieved through significant system development.

Conclusion

The VIP is closely aligned to national strategies for FV, including vulnerable children; this presentation profiles the programme’s systems and demonstrates its alignment and contribution to key national strategy outputs.
Evaluation of Puawaitahi, New Zealand’s first multiagency centre for child protection

Tuesday, 30th August - 16:23 - Multi-Agency Systems - Oral

Ms. Rachel Stevenson (University of Auckland), Prof. Fred Seymour (University of Auckland), Dr. Patrick Kelly (Puawaitahi)

Objectives: Puawaitahi was established in Auckland in 2002 as New Zealand’s first multiagency service for child abuse and neglect. It incorporates child protection, health, Police, evidential interviewing, and therapy services at one centralised location. This programme evaluation sought to examine the processes and procedures within the multiagency and compared findings with the standards for Child Advocacy Centres outlined by the National Children’s Alliance in the USA. The overall objectives were to help staff improve the quality of service and examine viability of this multiagency model for implementation elsewhere in New Zealand.

Method: Focus groups and interviews were conducted with staff, referrers and children and families who had been seen within the service. Transcripts were analysed to identify common themes in relation to the multiagency’s processes and procedures, the organisation’s culture, accessibility, coordination, timeliness, quality of care, and areas for programme improvement.

Results: The programme evaluation found that Puawaitahi meets the majority of its own vision and mission statement goals and performs well in relation to the standards described for Child Advocacy Centres elsewhere. In particular, the multiagency processes and procedures provided effective case coordination, and the physical environment, referral processes, child focused service delivery, staff cultural competence, and interactions with stakeholders were rated highly by most participants across staff, referrer and consumer groups. Desired improvements included better access to therapy, changes to client referral and case coordination processes to further reduce delay, better client follow up procedures, and provision of the multiagency model across every region in Auckland.

Conclusions: This evaluation shows that a model inspired by USA Child Advocacy Centres has been effectively implemented and stands as a model for implementation elsewhere in New Zealand. The importance and the challenges of programme evaluation for such a service are discussed.
A change of paradigm: The needs of vulnerable children are best met by embedding the child protection system within the health service

For the past half-century, there has been a process of increasing co-operation between government services (Child Social Services, Police, Health) in regard to the management of child abuse and neglect - most commonly characterised as a ‘multi-disciplinary’ approach.

In most jurisdictions, Child Social Services in conjunction with Police have been the ‘lead’ government agencies in regard to the determination of the ‘whole-of-government’ response, with the Health System providing a more ‘niche’ service in regard to forensic expertise, specialised treatment, and some aspects of prevention (e.g. home-visitation).

‘Commissions of Review’ across multiple jurisdictions continue to demonstrate significant systemic shortfalls in this historical response to CAN - with recurrent themes articulated of: poor resourcing; insufficient staff training & supervision; inconsistent service delivery; inability to effectively incorporate evidence-based knowledge into practice; weak outcome evaluation; etc..

For all its shortfalls, the Health System generally during the same period has demonstrated to the community and to elected officials a broad and system-wide ability to combine the provision of health services with strong evaluative science - to delivery demonstrable positive outcomes at both the individual and the population level.

This presentation will explore the thesis that embedding CAN services within the Health Service will provide a clinical, administrative and evaluative environment most likely to produce real improvements in outcomes for vulnerable children.
National partnership and networks on medical evaluation for child maltreatment

Tuesday, 30th August - 17:09 - Multi-Agency Systems - Oral

Dr. Laurel Chauvin-Kimoff (Montreal Children’s Hospital - MUHC - McGill University), Dr. Marcellina Mian (Weill Cornell Medicine-Qatar), Dr. Michelle Shouldice (University of Toronto/Department of Paediatrics, The Hospital for Sick Children)

There has been an effective national partnership of professionals working in the field of child and youth maltreatment in Canada since 2004. It began as a forum for dialogue on identification and prevention strategies, effective partnerships between clinicians and community/protection agencies, to disseminate knowledge on the evaluation and management and stimulate research related to child and youth maltreatment. This network has expanded to provide teaching and training at national medical conferences and hosts web-conferences for both education and peer-review purposes. The need for a consistent, evidence-based approach to the medical evaluation and opinion provided in child protection was evident. Working together, an annual national symposium was developed where best practice guidelines are developed and disseminated.

This presentation will describe the step-wise process used to achieve these goals, including: identification of physicians and nurses for whom guidelines are most relevant; prioritization of topics to be addressed; a shared and team-work model to achieve consensus through discussion of the available literature and best practice models at national symposia; effective leadership to move the process forward; and development of a strategy for dissemination to all concerned professionals in related disciplines. Challenges encountered will be described, together with the approaches taken to address them.

Take-Away Skills:
1. Development of a partnership
   a. Assessing needs
   b. Determining and expanding the platform
2. Engagement of participants
   a. Active participation in partnership
   b. Effective leadership
3. Establishing priorities and promoting growth
   a. Development and dissemination of written guidelines
   b. Establishing a route to recognition of expertise in child maltreatment
   c. Supporting collaborative research in child maltreatment
Nothing about us without us: First Nation teams culturally adapt a parenting programme based on the medicine wheel for increased retention and child well-being outcomes

Tuesday, 30th August - 16:00 - Symposium 9 - Symposium

Prof. Lynn McDonald (Middlesex University, London), Mrs. Sherry Hiebert-Keck (Catholic Family Services, Calgary), Mrs. Patricia Jones (Catholic Family Services, Calgary)

OBJECTIVES: Two Calgary teams with First Nation parents culturally adapted an evidence-based parenting programme to increase retention and child, family, school and community outcomes.

METHODS: Eight weekly 2.5-hour, multi-family group sessions were implemented at two sites with First Nation participants (followed by 22 monthly booster sessions). Based on the Medicine Wheel which reflects the balance of the four directions, each component of the program was adapted: the family welcome, the family craft activity, singing, a family meal, table-based coaching of parents to lead family communication activities, parent groups based on Freire empowerment strategies; coached parents doing 1-to-1 responsive play with their young child, a ‘fixed’ family prize and a final closing circle. At Piitoayis, one adaptation was drumming along with singing the F&ST song. At an early childhood F&ST with their families at Little Turtle, the Medicine Wheel shield was the family craft to represent each family, instead of a family flag.

Certified trainers trained and supervised the implementation with checklists for program integrity. Pre and post data were collected from teachers and parents by team members on a range of child and family outcomes, and then analysed with paired t-tests.

RESULTS: Aggregated F&ST data from 2012-2014 included Piitoayis Family School (alternative program for K-6) with subjects taught through First Nation, Metis, and Inuit perspectives. The average retention rate in the program: 78%

- Parents reported statistically significant pre-post increases in
  - family cohesion (p<.05)
  - child’s functioning, interpersonal, intrapersonal and affective strengths (p<.01)
  - participation in neighborhoods and schools, e.g. parent contacts with schools, schools contact with parents, and parental involvement in schools (p<.01).

- Teachers reported statistically significant (p<.05) increases in the child’s interpersonal and intrapersonal strengths and school functioning.

CONCLUSIONS: If culturally representative teams include parents to adapt the processes of evidence-based parenting programs, retention rates improve.
Nothing about us without us: Indian community school (ICS) invests in a universal parent empowerment programme for 13 years resulting in parent leadership, community building and social capital

Tuesday, 30th August - 16:00 - Symposium 9 - Symposium

Prof. Lynn McDonald (Middlesex University, London), Mrs. Cindy Janachek (Indian Community School, Milwaukee)

OBJECTIVES: Indian Community School’s (ICS) aims to empower all parents to advocate for their children and increase parent involvement. ICS began FAST in 2002 and did not stop. Oneida mothers (3) dissatisfied with the quality of education for their children at public schools, started ICS in a family home in 1969. In 2007, Potawatomi Nation located ICS on 178 acres, home to wetlands and many forms of wildlife. “ICS provides each child in our care with the best educational opportunities to develop spiritually, morally, emotionally, physically, artistically, and intellectually in order to achieve the child’s greatest personal and community potential.” 300 K-8th graders who represent 11 federally recognized tribes are taught core subjects and the Culture and Language of Ojibwe, Oneida or Menominee.

METHODS: ICS was certified to deliver FAST 13 years ago. Now, the entire school population has graduated FAST (280 families). Cultural adaptations use traditional medicines in graduation ceremonies, teach traditional medicine in the 4th week, fully include extended families in respect for elders, native language songs and cultural teachings in children’s time, and share traditional recipes.

RESULTS: FAST at ICS has reduced the fragmentation of urban Indians by serving as a community meeting place where all tribes are honored and included. Parent involvement has increased by about 70% with a) active volunteering on a regular basis, b) attending parent teacher conferences, and c) actively advocating for their children as well as ICS. Parents have developed leadership skills in the school and community. Parent graduates work as Parent Partners on current FAST cycles, have joined and are now leaders in the ‘Room Parent’ group, and have been employed by the school.

CONCLUSIONS: Communities committed to social inclusion and protection of all children might invest long-term in a universal, social capital strategy, which empowers parents as partners.
Nothing about us without us: Quality assurance for UK scale up of parenting groups: Retention and child well-being data from 500 disadvantaged communities in Wales, Scotland, England, Northern Ireland

Tuesday, 30th August - 16:00 - Symposium 9 - Symposium

Prof. Lynn McDonald (Middlesex University, London)

OBJECTIVES: This is an evaluation of a national scale-up of a parenting programme in Wales, Scotland, Northern Ireland and England. Predictable outcomes in scale-ups are key to funders. Quality Assurance (QA) achieves predictable outcomes. FAST QA has been tested with a few sites in 21 countries, in 3 statewide scale-ups, and now this is the first, large international scale-up.

METHODS: QA was based at Middlesex University (MU) London to systematically insure FAST was implemented well in 500 disadvantaged UK sites.

a) build trainer capacity, organize them to train teams, support implementation quality with 3 supervisory site visits to insure adequate programme integrity.

b) coordinate national data collection by teams of questionnaires, demographic information, engagement and retention rates, and ethics forms. Questionnaires included Strengths and Difficulties Questionnaire (SDQ) were completed pre-FAST by teachers and parents and then post-FAST. MU entered and analyzed data, using paired t-tests for quantitative results. Open-ended comments requested from parents, teachers and team members on experiences.

RESULTS: The UK Scale-up with almost 500 primary schools achieved programme integrity on an adequate level. QA was excellent. 500 teams were trained and supervised by certified FAST trainers. High rates of satisfaction were reported by parents, teachers and team members.

Engaged families were very low income (50%); an average family of 4 lived on under £20,000 annually (75%). Average child was aged 5.5. Engagement and retention was high: 19.5 families per school graduated with 79% retention. Outcomes showed statistically significant pre-post improvements in child functioning (SDQ) by teachers and parents, and in parent self-efficacy, parent-child bonds, family conflict, social reciprocity, parent involvement in school, and teacher reported academic performance.

CONCLUSIONS: Policy makers might inquire about QA for scale-up, retention rates with low-income parents and child well-being outcomes. Investing in QA can result in predictable parent empowerment and social capital.
Nothing about us without us: Realizing children’s rights by empowering parents as co-producers of parenting programmes

Tuesday, 30th August - 16:00 - Symposium 9 - Symposium

Prof. Lynn McDonald (Middlesex University, London)

If parents with ‘lived experience’ work with practitioners on service delivery teams and are culturally representative, one sees more effective engagement and retention of socially marginalized, low-income families into parenting programmes. Families and Schools Together (FAST) is a UNODC family skills evidence based programme with a Core Component on team composition requiring local parents. FAST teams engage families of a child ages 2-4-7 in 21 countries with predictably high retention rates (80%). The universal, community based, after-school, multi-family group empowers parents to build local social capital. Weekly sessions (8) and monthly boosters (22) offer meals, parent-led family games, a parent support group, and coaching of parents to deliver 15 minutes of one to one responsive play. With repetition, positive changes in family relationships emerge, friendships amongst parents of same age children develop, and trust between parents and schools.

Three papers:
1) Scale-up evaluation data show benefits of investing in Quality Assurance Strategies from Wales, Scotland, Northern Ireland and England in 500 disadvantaged communities (10,000 families) on child well-being (SDQ), parent empowerment, parent-child bonds, family conflict, social reciprocity in school/community, demographics and retention rates.

2) Calgary team shares family stories, data, and cultural adaptations of First Nation parents in describing activities of 8 weekly 2.5 hour group sessions: coach parents to lead family activities, co-lead parent support groups, coach parents in one-to-one responsive play.

3) Indian Community School (ICS) from urban Milwaukee discuss long term benefits of engaging all 280 families over 13 years from 11 Indian Nations in parenting and community building. Cultural adaptations and parent leadership in FAST sustained efforts empowered all families to integrate the school culture on multiple levels.

Policies requiring parents with ‘lived experience’ to co-produce family support strategies would increase engagement, reduce social determinants of health and protect children from toxic stresses of ACE.
Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change

Tuesday, 30th August - 16:00 - Symposium 10 - Symposium

Dr. Nico Trocme (McGill University, School of Social Work), Dr. Sonia Helie (Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l’Île-de-Montréal), Dr. Barbara Fallon (Univer), Dr. Vandna Sinha (McGill University, School of Social Work), Mr. Bruce MacLaurin (University of Calgary), Ms. Anna Ekins (University of Toronto)

The objective of this symposium is to explore how incidence data that are collected on a regular basis in Canada concerning reported child abuse and neglect has been used to inform child welfare policy and practice throughout Canada. Prior to 1998, few data existed concerning the families and children identified to the Canadian child welfare system. In 1998, the first cycle of the Canadian Incidence Study of Reported Child abuse and Neglect (CIS) was conducted and subsequent cycles of the study have taken place in 2003 and 2008 with approximately 7,000 workers have participated in data collection efforts to date. The provinces of Ontario, Quebec and Alberta each conducted incidence studies in 2013/2014. This symposium will be comprised of four papers with recent analysis from these three provinces as well as findings from our work with Aboriginal partners concerning the over-representation of Aboriginal children and families in the child welfare system. Although all child welfare systems share certain basic characteristics organized around investigating reports of alleged maltreatment, providing various types of counseling and supervision, socio-demographic differences, differences in screening and investigation procedures, clinical case practice differences and methodological differences contribute to possible sources of variation in the data across provinces. The conclusion of this symposium will discuss these differences and the challenges associated with data collection efforts. The incidence studies utilize a cross sectional multi-stage sampling design, first to select a representative sample of child welfare sites in the province, and then to sample cases within these sites. Information is collected directly from the investigating workers at the conclusion of the investigation.
Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Major findings from the 2014 Quebec incidence study of reported child maltreatment (QIS-2014) and trends from 1998

Tuesday, 30th August - 16:00 - Symposium 10 - Symposium

Dr. Sonia Helie (Montreal’s Youth Center-Research Institute), Dr. Delphine Collin-Vezina (McGill University, School of Social Work), Dr. Nico Trocme (McGill University, School of Social Work), Dr. Daniel Turcotte (Laval University, School of Social Work), Dr. Nadine Girouard (Montreal’s Youth Center-Research Institute)

OBJECTIVES. The QIS has been conducted periodically since 1998 in collaboration with all 16 Quebec child protection agencies. It provides reliable estimates of the frequency of reported child maltreatment and its evolution over a 16-year period. It also describes the characteristics of the reported situation, as well as the characteristics of the child and his/her family environment. Findings from the previous cycles of the QIS revealed that from 1998 to 2008, while the overall rate of confirmed reports remained stable, neglect decreased and exposure to intimate partner violence increased. Furthermore, the situations confirmed in 2008 appeared to be less severe than in 1998. The aim of this presentation is to extend this analysis with recent findings from the last cycle of the QIS (2014).

METHOD. An electronic survey form was completed by the social worker responsible of the investigation for a representative sample of children investigated by child protection services in Fall 2014. The QIS-2014 survey form is compatible with the one that was used in the provinces of Ontario and Alberta for their incidence studies in 2013, allowing for comparisons on core measures of frequency and characteristics of reported maltreatment.

RESULTS. The sample is composed of 4,011 investigated children, with 53% of boys. Mean age is 8.5 years old and the most frequent form of substantiated maltreatment is neglect (27%). Most of children (81%) had their mother as primary caregiver and 14% have been placed in substitute care during the investigation. Rates of children investigated and confirmed for different forms of maltreatment will be presented and compared with the rates from previous cycles. The evolution in the severity of the situations will also be examined.

CONCLUSIONS. Results will be discussed in the light of social context and policies that prevails in Québec in the domain of child protection.
Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Urgent protection versus chronic need: Clarifying the dual mandate of child welfare services in Ontario

Tuesday, 30th August - 16:00 - Symposium 10 - Symposium

Dr. Barbara Fallon (University of Toronto), Ms. Anna Ekins (University of Toronto), Dr. Nico Trocme (McGill University, School of Social Work)

Objectives
This study analyzed data from the 1998, 2003, 2008, and 2013 Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) and compared the profile of children who were reported for an urgent protection investigation versus chronic need.

Methods
The OIS utilize a multi-stage sampling design, first to select a representative sample of child welfare sites in the province, and then to sample cases within these sites. Information is collected directly from the investigating workers at the conclusion of the investigation.

OIS study Investigations were classified as urgent protection or investigations that focused on chronic need. Chi square tests were used to compare types of investigations in terms of harm, parent, child, or household characteristics and service response. T tests were used to compare differences in incidences per 1,000 children across cycles.

Results
As a proportion of all investigations, urgent protection cases have dropped from 28% of all investigations in 1998, to 18% in 2003, to 12% in 2008, to 11% in 2013. Results from the OIS-2013 analysis revealed that 5% of cases involved neglect of a child under four, 3% of cases involved sexual abuse, 2% of cases involved physical abuse of a child under four and 1% of cases involved children who had sustained severe enough physical harm that medical treatment was required. The other 89% of cases of investigated maltreatment involved situations where concerns appear to focus less on immediate safety and more on the long-term effects of a range of family related problems.

Conclusion
These findings underscore the importance of considering the dual mandate of child welfare mandates in Ontario: intervening to assure the urgent protection and safety of the child versus intervening to promote the development and well-being of the child.
Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change: Using Data to Inform Practice and Policy: Front-end Child Intervention Services in Alberta

Tuesday, 30th August - 16:00 - Symposium 10 - Symposium

Mr. Bruce MacLaurin (University of Ca), Mr. Jon Reeves (Calgary Region Child and Family Services), Dr. Nico Trocmé (McGill University), Dr. Barbara Fallon (University of Toronto), Dr. Vandna Sinha (McGill University, School of Social Work)

Objectives: This analyses examines how the characteristics child welfare investigations compare to the existing policy and practice for investigations of maltreatment in Alberta, Canada.

Methods: The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) is the second province-wide study to examine the incidence of reported child maltreatment for Alberta. Secondary data analysis of the AIS-2008 dataset was conducted to examine characteristics associated with formal child welfare investigations.

Results: In 2008, the incidence rates of reported child maltreatment decreased in Alberta from 43.16 to 35.02 per 1,000 children 0-17 years of age. While fewer children were investigated and received ongoing services, there was a dramatic increase in the rates of children referred to child welfare court and for those placed in formal child welfare care between 2003 and 2008. This shift to a more intrusive level of intervention was not necessarily related to an increase in case severity however. The majority of children investigated in 2008 were identified as being at risk for endangered development and well-being (85%) as opposed to endangered safety (15%).

Conclusions: These data challenged some of the underlying principles of the existing investigative approach in Alberta, Canada and informed an evidence-informed review of child welfare investigation practice conducted by a provincial working group on front end services in 2013. The presentation will identify key changes in the child welfare investigatory process in Alberta that resulted from this work.
Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change. Moving towards a full-scale First Nations incidence study: Comparisons of investigations in Aboriginal and provincial/territorial agencies

Objectives:
To describe the adaptations required to move from the pilot, First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (FNCIS-2008), to a full-scale study of the child maltreatment-related investigations conducted by Aboriginal child welfare agencies.

Method:
Analyses of FNCIS-2008 data describe the profiles and investigation-stage trajectories of 963 child maltreatment related investigations of First Nations children, which were conducted by 18 Aboriginal agencies. These investigations are compared to 2,143 investigations involving First Nations children, which were conducted by 89 provincial/territorial child welfare agencies, and to an additional 12,240 investigations involving non-Aboriginal children conducted by these agencies.

Results:
For First Nations children, the rate of ‘risk investigations’ – in which the primary concern was a risk of future maltreatment - conducted by sampled aboriginal agencies was two times greater than the rate in sampled provincial/territorial agencies (72 investigations/1000 First Nations children vs. 36/1000 First Nations children, respectively). The proportions of cases that involved foster care placement or child welfare court application during the investigation period were lower in Aboriginal agencies than in provincial/territorial agencies. Interpretation of these differences was complicated by the fact that workers in both types of agencies reported a high level of ‘unknown’ caregiver risk factors in cases involving First Nations children.

Conclusions:
Findings suggest the possibility that Aboriginal and provincial/territorial agencies may differ in terms of timing of and approach to engagement with First Nations families. However, much more detailed and reliable ecological (family, agency, community level) information is required in order to specify these differences. Integrating analysis of these findings with reflections on the current Aboriginal child welfare landscape, the national advisory committee and research team involved in the FNCIS-2008 have developed a plan for a 2018 First Nations Incidence Study of Reported Child Abuse and Neglect.
Urgent response support for at-risk populations of youth

Tuesday, 30th August - 16:00 - Workshop 23 - Workshop

Dr. Cailey Hartwick (Child Abuse Service, Alberta Children’s Hospital. In Partnership with the Sheldon Kennedy Child Advocacy Centre), Mrs. Laura Pattison (Sheldon Kennedy Child Advocacy Centre)

The Sheldon Kennedy Child Advocacy Centre developed two distinct support services for specialized populations of at-risk youth specifically targeting support for youth with 1) acute mental health issues, and 2) sexual offending behaviours. A clinician was contracted for each service to provide direct assessment, intervention or consultation as needed. This workshop will describe the role of the clinicians, how they support the larger collaborative teams, and the impact of their support on those team members as well as on the youth and their families.

The Mental Health Clinician provides urgent assessment, stabilization and treatment to traumatized youth with acute mental health concerns such as suicidal ideation, previous suicide attempts and self-harming behaviors. This position’s main focus is assessing and ensuring the safety of these youth, often within the context of a child abuse investigation. Exploration of this role will delineate the obstacles that these mental health issues can have on effective service delivery and will outline how this role reduces barriers, improves the mental health of youth, and advances overall service delivery.

Presently, roughly 15% of youth referrals to the Centre are related to problematic sexual behaviour or sexual offending behavior against children. Appropriate and timely assessment and support of these youth and families is an integral component to the prevention of sexual abuse. Exploration of the Sexual Behaviour Clinician role will demonstrate how time-sensitive consultation and youth risk assessments can reduce short-term risk of reoffending, assist in development of a safety plan and catalyze a practical, long-term plan for support and treatment.

Case examples will be provided for group exploration and time reserved for participants to bring their own cases forward for brainstorming as well. At completion, participants will understand the complexity of supporting at-risk youth and how this support can be provided in collaboration with various stakeholders.
How do you know your program works? Strategies and tools and for implementers to build evidence and evaluation capacity

Tuesday, 30th August - 16:00 - Workshop 24 - Workshop

Dr. Lisa Jones (Crimes Against Children Research Center, University of New Hampshire)

Resources to support programs to reduce children’s exposure to violence are limited and there are increasing pressures to identify programs and approaches that have demonstrated effectiveness. Funders want to know that the programs they fund are helping children. Implementers want to show their program works and learn how to improve on it. And children around the globe deserve to receive the most effective prevention and intervention programs available. Much more work is needed to improve our collective knowledge about what most successfully reduces children’s exposure to violence, but integrating research and evaluation into program development and implementation can be a confusing process.

This 1 hour workshop will provide attendees with concrete and realistic strategies for successfully integrating evaluation into program development and implementation. The workshop will offer information on 1) using research to support and enhance program theory; 2) developing partnerships with external researchers; 3) finding financial support for evaluation; 4) specifying measurable outcomes; and 5) building research capacity over time. The workshop will introduce participants to several newly developed tools including an evaluation handbook published by the World Health Organization, and educational and case study videos illustrating evaluation concepts and practice. Dr. Lisa Jones from the Crimes Against Children Research Center (CCRC) at the University of New Hampshire will share her experiences collaborating and consulting with programs at varying stages of development and lead a discussion with attendees responding to specific questions and concerns regarding research and evaluation.
Lest death do us part: A joint review of a domestic violence and child fatality case

Tuesday, 30th August - 16:00 - Workshop 25 - Workshop

Dr. Tricia Gardner (University of Oklahoma Health Sciences Center)

In the United States, Child Fatality Review Boards (CFRB) developed in the early 1990s, a decade earlier than their adult counterpart, Domestic Violence Fatality Review Boards (DVFRB). However, both review boards developed with similar missions to prevent family injuries and fatalities. The Boards review death cases in multidisciplinary teams in order to inform professionals and communities of needed practice, policy, and systems changes.

In an effort to combine violence prevention expertise and efforts, Oklahoma’s Child Death Review Board and Domestic Violence Fatality Review Board began meeting together in 2006. Board members identified that there was a need for joint reviews of abuse, neglect, and domestic violence fatalities to analyze data, explore common issues, utilize existing expertise effectively, and develop joint practice and policy recommendations.

This workshop is to demonstrate how child and adult domestic violence fatality review boards work together to review selected cases for more efficient interdisciplinary and community collaboration.

Participants will be divided into multidisciplinary teams of 5-6 to conduct a mock review of a child maltreatment death and a co-occurring domestic violence death.

Following the mock review, the group will discuss the process of establishing child maltreatment and domestic violence review boards in individual countries or localities.

Description:

This presentation will provide a history of both domestic violence fatality review and child fatality review. The focus will be on how to conduct a joint review when the victims overlap. A mock review of a joint case will be conducted.

Objectives:

1. Understand the history and development of CFRBs and DVFRBs in the United States and globally,
2. Actively participate in small groups in a mock child abuse/domestic violence fatality review,
3. Develop skills in identifying risks, prevention strategies, and recommended systemic changes, and
4. Discuss the process of establishing a review system in their country or locality.
Child protection and other child welfare staff have a mandate to work with families to keep children safe from child maltreatment. To demonstrate optimal performance, staff must possess competency to interview, conduct assessments, think critically, and make informed decisions. Coaching has been established as a critical supervisory skill to support staff to ultimately facilitate positive child and family outcomes. Participants who attend this workshop will achieve the following OBJECTIVES: (1) understand the elements of a coach approach to supervision; (2) identify and practice core coaching skills; (3) understand and observe the steps in the coaching process as part of the supervisory role; (4) develop an action plan of how they will apply coaching skills on the job. METHODS: Using content from a U.S. federally funded developed and tested coaching learning program, participants will be guided to understand and apply core-coaching skills: presence, listening, reflecting, questioning, feedback, and accountability. Discussion will highlight the ways that supervisors use coaching skills to support staff to conduct thorough assessments and make critical child protection decisions. Participants will leave the session with coaching resources and an action plan about how they will transfer learning to their jobs. RESULTS: evaluations from participants in numerous state and local child welfare systems indicate that participants highly rate the usefulness of this learning program and report how it has helped them support staff to be more effective decision-makers. CONCLUSIONS: Supervisors who use the coaching approach report that they feel more effective in their supervisory roles; feel less stress by supporting staff to think critically and make appropriate decisions; observe staff performance improve; and ultimately see improvements in child and family outcomes.
Early help services - Assessment, analysis and intervention

Wednesday, 31st August - 09:00 - Innovative Interventions - Oral

Mr. Stephen Pizzey (Child and Family Training UK), Prof. Antony Cox (Child and Family Training UK)

This workshop will give participants experience of using Child and Family Training’s approach for staff working in early intervention/family support services with a case involving three siblings in middle childhood. The workshop will use a DVD case example involving a child who has a learning disability and much of her daily care is undertaken by a sibling to the detriment of her own school attendance and education. Their mother appears depressed. Participants will make assessments of each child’s experience in the home environment and formulate individualised child focused plans to help each child and their mother and measure the outcome.

This training approach for early intervention services uses evidence based approaches for assessment, analysis and intervention based on the Framework for the Assessment of Children in Need and their Families (Department of Health et al 2000).

The assessment approaches include the HOME Inventory (Caldwell & Bradley 2003). The HOME was further developed by the creation of a semi structured interview, that takes the child and main carer through a specific day thus eliciting detailed information about the child’s experiences in the home environment (Cox, Pizzey & Walker 2008), and inclusion of the Family Pack of Questionnaires and Scales (Cox & Bentovim 2000).

A model of analysis was developed to help practitioners maintain their focus on the child’s health and development after they have undertaken an assessment, and to analyse the factors and processes affecting the child’s progress and predict the outlook for the child’s health and development if nothing has changed (Pizzey et al 2015).

A range of intervention approaches for use by unqualified and qualified practitioners is available as part of the Hope for Children and families intervention resources (Bentovim et al 2015). Guidance on identifying outcomes and measuring the effectiveness of each intervention is incorporated into the programme.
Developing a low-cost child abuse prevention intervention for caregivers and teenagers in South Africa: A cluster randomized controlled trial of parenting for lifelong health (PLH)

Wednesday, 31st August - 09:20 - Innovative Interventions - Oral

Dr. Franziska Meinck (University of Oxford), Prof. Lucie Cluver (University of Oxford), Ms. Alexa Yakubovich (University of Oxford), Dr. Jenny Doubt (University of Oxford), Ms. Alice Redfern (University of Oxford), Prof. Catherine Ward (University of Cape Town), Ms. Nasteha Salah (University of Oxford), Mr. Sachin Destone (University of Oxford), Ms. Rocio Herrero (University of Cambridge), Mr. Jamie Lachman (University of Oxford)

Background: South Africa has high prevalence rates of physical, emotional and sexual child abuse also in adolescents. Systematic reviews show effective abuse reduction for parenting programmes for parents of young children in high-income countries, but limited evidence in low or middle-income countries. There are currently no parenting programmes for caregivers of teenagers. In response, WHO, UNICEF and a South-North academic collaboration are developing and testing low-resource programmes for free availability: ‘Parenting for Lifelong Health’. This reports on the development of the intervention, pilot, pre-post and randomized trial results for the ‘Sinovuyo Teen’ programme.

Methods: 4-stage testing prevalence deep rural and urban communities in the Eastern Cape, South Africa: 1) Development and pre-post pilot (N = 60 participants); 2) Adaptation and pre-post testing (N = 230 participants); 3) Adaptation and pragmatic Cluster RCT (N = 1200 participants, 40 sites). Adolescents and primary caregivers participated in 10-14 evidence-informed sessions (i.e. positive relationship development, conflict reduction, avoiding community violence), implemented by local NGOs.

Results: Acceptance was high with attendance rates above 75% across the studies. 1) 2013 Pre-post pilot showed reduced abuse (t=4.18, p<.001), adolescent risk-taking (t=3.21 p<.003) and aggression (t=3.07, p<.005) and improved positive parenting (t=4.49, p<.001) and social support (t=-3.69, p<.001). Families requested inclusion of economic empowerment. 2) 2014 Pre-post testing showed 75% reductions in child abuse (63%-29%, p<.001), poor monitoring/discipline (p<.001), adolescent risk-taking (p<.001), depression (p<.001), and caregiver (but not adolescent) substance use, and improved positive parenting (p<.01) and social support. In light of high levels of illness, families requested home visits for missed-sessions. There was extensive unanticipated community diffusion of the programme. 3) 2015-16 Cluster RCT is ongoing, with completed results by June 2016.

Conclusions: Pragmatic testing suggests potential for prevention and reduction of child abuse and adolescent risk behaviors. Inclusion of structural-level support may be important.
Is there anything to learn from the Cuban child protection system?

Wednesday, 31st August - 09:40 - Innovative Interventions - Oral

Prof. Jocelyn Brown (Columbia University, Department of Pediatrics, Division of Child and Adolescent Health), Dr. Norell Rosado (Attending Physician, Division of Child Abuse Pediatrics Ann & Robert H. Lurie Children’s Hospital of Chicago Assistant Professor of Pediatrics, Northwestern University Feinberg School of Medicine), Dr. Cristóbal Martínez (Jefe del Grupo Nacional de Psiquiatría Infanto-Juvenil, Ministerio de Salud Pública de Cuba (MINSAP); Profesor Titular y Consultante de La Universidad de Ciencias Médicas de La Habana), Dr. Tania Peón (: Directora del Hospital Pediátrico Docente Borras-Marfan; Profesora Asistente de La Universidad de Ciencias Médicas de La Habana), Dr. Michele Frank (Psiquiatra Infanto-Juvenil; miembro del Grupo Nacional de Psiquiatría Infanto-Juvenil, MINSAP)

We believe that the Cuban child protection system anchored in a strong community-based health care system, relying on the use of informal services for parents, and a strong neighborhood-based support system for families offers an example of a community-wide approach to early recognition and prevention of child maltreatment.

A group of eight professionals representing different disciplines traveled to La Havana, Cuba and met with physicians and representatives of different organizations involved in child protection. Our meetings consisted mostly of presentations led by the Cuban organizations and visits to facilities, such as the Centro/Casa de Protección a Niñas, Niños y Adolescentes (CPNNA), the Academic Committee for the Prevention of Child Maltreatment, and the Association for Family Law and Civil Rights of the Union of Cuban Jurists, amongst others.

We observed that even though a formal child protection agency does not exist, Cuba’s child protection model has a unifying theme, the community. After its Revolution, Cuba developed a unique system of family – medicine teams connecting polyclinics to hospitals, schools, and community centers so that risk factors, such as depression, drug use, or family violence can be identified at weekly meetings and services provided. The social cohesion and the community participation to projects reducing youth unemployment were impressive. According to 2014 data provided by UNICEF, 28% of children one to 14 years of age were victims of mild corporal punishment, during the last month and 21% were victims of emotional abuse.

Based on our observations, the Cuban child protection system gives us an example of a practice and a strategy recommended by the U.S. Advisory Board on Child Abuse and Neglect in 1993. Learning the ingredients of this successful community-wide approach to child maltreatment prevention may be timely as the current US health care reform focuses on the social determinants of health.
Sociocultural dimensions of child maltreatment in Uganda

Wednesday, 31st August - 09:00 - Studies from Uganda - Oral

Dr. David Mafigiri (Center for Social Science Research on AIDS, School of Social Sciences, Makerere University), Dr. Eddy Walakira (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University)

Objectives: To broaden our understanding of sociocultural dimensions of child maltreatment among cultures in Uganda that are under-represented in child maltreatment work.

Methods: A synthesis of scientific evidence from studies locally generated through collaborative efforts between international and national experts, scholars and practitioners. This systematic review of studies conducted by Ugandans resulted into actionable evidence through the book: Child Abuse and Neglect in Uganda being edited by David Kaawa-Mafigiri and Eddy Walakira, both of Makerere University in Kampala, Uganda. The book will be part of the series, Child Maltreatment: Contemporary Issues in Research and Policy (Springer). The series is co-edited by Jill Korbin (Case Western Reserve University) and Richard Krugman (University of Colorado School of Medicine).

Results: There is wide scale violence against and infringement of the rights of children, especially during war and among street children. Cultural practices and norms, particularly in low resource contexts impact child wellbeing. Existing conventional approaches to child protection appear not to adequately address child maltreatment in Uganda because of limited ‘localized’ evidence to influence policy and practice.

Conclusions: Protecting our children requires ‘localized’ understanding of child maltreatment, yet the lack of evidence to influence policy and practice not only limits but also threatens to unhinge tremendous progress in child protection services achieved over the past decades in low resource settings like Uganda. Governments and other actors responsible for child wellbeing require distinct evidence of child maltreatment from cultures that are under-represented in child maltreatment work especially in the following areas: culture and child maltreatment from within a nation in the developing world; approaches to child maltreatment focusing on how child maltreatment is managed in low resource settings; and threats to that well-being including war, child marriage, violence against and infringement of the rights of street children.
Reorienting responses to ill experiences of older children outside family care in Uganda: The urgency to prioritize apprenticeship and vocational skills training

Wednesday, 31st August - 09:20 - Studies from Uganda - Oral

Dr. Ronald Luwangula (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University)

Many older children who for various reasons drop outside family care (some pushed to the streets and institutions) experience violence, exploitation, abuse orchestrated by employers (exploiting child labour), law enforcement authorities, care and justice systems, institutions (UNICEF, 2011; Plan International), peers, gangs and strangers. Response to these children often focuses on identification, rehabilitation, resettlement and reintegration. However, for some children reintegration is neither in their best interest nor serves the purpose of child protection. This is the case for children who have nowhere they call home or unwilling/unready to be resettled/reintegrated with their families for reasons such as feeling let down by their families, judged by their families as outcasts and for some, the factors responsible for their dropout still stand. Kinship care would serve as an alternative. However, in the wake of commercialized social relations, it makes children instead bounce into a new form of exploitation, maltreatment and traumatic bonding relationship. This study aimed to find out the common protection responses to children outside family care. A study conducted through interviews and focus group discussions among 23 street children (12-17 years), staffs of 2 Drop-in centres (Non-Governmental Organisations—NGOs) working with street children in Kampala, staffs of other NGOs, and one Probation and Social Welfare Officer (PSWO) revealed that whilst responding agencies normatively emphasize admitting, rehabilitating, resettling and reintegrating these children with their families, to the children, this is less of a priority. Children appealed for hands-on apprenticeship and vocational skills training so that they live on their own. For some child victims of abusive/violent families, civil strife and harmful cultural practices, independence sets in early or else maltreatment heightens. In the circumstance, the urgency to prioritize apprenticeship and vocational skills training cannot be overstated.
Protectors against or perpetrators of violence: The experience of street children as they interface with the police in Uganda

Wednesday, 31st August - 09:40 - Studies from Uganda - Oral

Mr. Innocent Kamya (Makerere University, Department of Sociology and Anthropology, School of Social Sciences)

Objectives: This study examined the experience of children in street situations when they interface with law enforcement officers. The police is charged with protecting the vulnerable, however children’s experiences in dealing with the police have not been extensively documented despite the anecdotal evidence of maltreatment by officers. This evidence informs efforts to improve the role and quality of law enforcement in child protection.

Methods: Using mixed methods, data was obtained from 668 street children (11-17 years) from Kampala city and 21 other major towns randomly selected from seven geographical regions. Within each town, localities with many street children were identified with the help of municipal officials, constituting the clusters for the final sample. Six children were selected from each of these clusters. Informed consent was sought and caution was taken to avoid judgmental, inappropriate and humiliating questions. Respondents informed that participation was voluntary.

Results: Street children continue to be treated as an eyesore in the community by the police regardless of whether they are or not in conflict with the law. Whereas the police aim at enforcing the law, they sometimes orchestrate violence against street children instead of protecting them. Because of such prior experience, most street children may not report violence to police because they do not anticipate getting any assistance or are fearful of similarly being maltreated by the police.

Conclusion: Whereas law enforcement officers are part of the community, which sometimes perceives street children negatively, they have a duty towards vulnerable children. Law enforcement officers should devise ways to improve their image among the street children most probably through a neutral approach to dealing with the children without compromising their obligations.
Personalizing family support by integrating a crisis nursery-Home visitation program for safeguarding children in socially isolated families

Wednesday, 31st August - 09:00 - Child Welfare - Oral

Dr. Sandra Reilly (University of Calgary, Faculty of Nursing), Mrs. Leianne Vye-Rogers (University of Calgary, Faculty of Nursing), Mrs. Patty Kilgallon (Children’s Cottage Society of Calgary), Dr. Candace Lind (University of Calgary, Faculty of Nursing)

Objectives: The evaluation study has two components. Component 1 focuses how families benefit after their infants and children stay at a crisis nursery (CN) in Western Canada. A recent home visitation (HV) component, implemented to address family identified needs and priorities, Component 2, extends the support after their stay at the CN. The study aims to:

1. describe the psycho-social challenges of socially isolated parents that request support from the CN;
2. analyze selected changes by parents after their infants and children stay at the CN;
3. analyze psycho-social changes of parents that receive extended support from a personalized HV program.

Method: The program evaluation uses a mixed-method, pre- post- design. The measures include: the Parental Stress Rating Scale; the Parental Coping Inventory; the Positive Affect, Negative Affect Scale; the Herth Hope Index; and the Adult-Adolescent Parenting Inventory and the Family Star Plus.

Results: Analysis of the findings (Component 1) indicates significant reduction of stress, and increased hope as well as improvements in positive feelings. Qualitative analysis demonstrates that parents applied facilitative coping strategies during their children’s stay at the CN acquiring capacity to safely resume care of their child(ren).

The findings (Component 2) focus on factors, adjusted for the frequency and intensity of personalized focus of HV support. Two measurements determine if parents benefit as a consequence of HV support. The other measurement determines if parents benefit as a consequence of HV support.

Conclusions: The study should offer important insights into improving concentrated, personalized family support to socially isolated families at risk for child maltreatment. This should lead to improved interventions.
Weaving together two continents: Sewing resilience into the fabric of children’s lives

Wednesday, 31st August - 09:20 - Child Welfare - Oral

Ms. Mary Jo Mc Veigh (Cara House), Ms. Symon Oliveri (Cara House)

James Garbarino believes that ‘the reality of the sacred self is the foundation for understanding human development’, yet ‘far too few social scientists take this into account in their professional work,’ (Garbarino 1999:33).

Spirituality is recognised as an element of resilience in the lives of children and young people who have experienced hardship. In this workshop spirituality and resilience based practice will be explored through the medium of Angel Blankets.

This workshop will outline the theoretical underpinnings of Angel Blanket work. It will discuss the therapeutic process of making blankets in groups, and on an individual basis. The outcomes from Angel Blanket of over twelve years work has shown some of the following results: changes in children’s behaviour change in carer’s perceptions of trauma, increased attachments between carer and children, successful processing of traumatic events, increased self awareness.

Moreover this workshop will explore these results spanning two continents Australia and South America were angel blankets have been made with children and young people. Each presenter will talk about their work in Australia and Bolivia and collapse the physical distance between them to share the challenges and successes of making Angel Blanket.

It will bring the audience into the lives of children and young people on other sides of the globe who have made blankets and hear what is was like to be wrapped in a blanket upon which is sewn symbols of everything they need to protect, guide and sustain them as they grow.
Exploring work violence in the child welfare and human service sector

Dr. David Nicholas (University of Calgary, Faculty of Social Work), Dr. Micheal Shier (University of Toronto, Factor Inwentash Faculty of Social Work), Dr. John Graham (Florida Atlantic University, School of Social Work), Ms. Amber Young (University of Calgary, Faculty of Social Work), Ms. Sherri Tanchak (University of Calgary, Faculty of Social Work)

Workplace violence is multi-faceted and insidious. It consists of interpersonal interactions and organizational factors, and involves varying workplace considerations and ‘actors’, including service users, colleagues, supervisors, management and community members. The purpose of this study (phase one of a larger project) was to examine organizational influences that shape workplace violence, within the child welfare and human services sectors. The focus of this presentation is upon (i) the experiences of workers relative to workplace violence, and (ii) strategies for proactive change.

Drawing on an ecological model, this sequential exploratory mixed-methods study included qualitative interviews (n=82), followed by an upcoming phase of survey administration among government-employed child welfare and other human service workers. Qualitative analysis of interviews identifies an integrated portrayal of workers’ experiences, and indicates workplace processes and organizational factors that perpetuate, or conversely protect from, workplace violence in this sector.

Factors that contribute to worker experience of safety/violence are offered, at interpersonal levels of interaction (e.g., micro- and meso-systems) and organizational and structural levels (e.g., macrosystem). Findings further illuminate strategies to proactively redress workplace violence in building healthy child welfare and human services work environments. This includes systemic and organizational structures and practices that engage managers, HR personnel and policymakers as well as front-line workers. Accordingly, these findings inform the development of interventions and preventive approaches, including information for building resources and improving working conditions.

These findings have the potential to inform and foster safety within child welfare and other service providing agencies. Nurturing generative workplaces is anticipated to support healthier workforces and improved service delivery. Accordingly, these findings offer greater understanding about processes and strategies that can counteract workplace violence within the child welfare and broader human services sector.
School victimization, social support and psychological distress among school students in Taiwan, Hong Kong, and China

Wednesday, 31st August - 09:00 - Bullying - Oral

Prof. Ji-Kang Chen (The Chinese University of Hong Kong)

Objectives: This paper examines how social support deterioration model applies to the context of school victimization in large-scale random samples from Taiwan, Hong Kong and Mainland China. Specifically, it examines how perceived social support (i.e., student perception of parent support, teacher support and peer support) mediate the relation between school victimization (i.e., student victimization by students and student victimization by teachers) and student psychological distress (i.e., depression, anxiety, and somatization). It further examines whether the overarching interrelationships and mediating effects among three diverse Chinese societies are similar or dissimilar.

Methods: Data were obtained from a random sample of over 2,000 junior-high students (grades 7 to 9) in Taiwan, Hong Kong and China. Students were given an anonymous questionnaire, including items regarding basic demographics and school experiences.

Results: The results of structural equation modeling analysis provided a good fit for the sample as a whole. The final model accounted for 32% of the variance in student psychological distress. Overall findings showed that student psychological distress is weakly associated with student victimization by students and student victimization by teachers; however, student psychological distress is indirectly associated with student victimization by students and student victimization by teachers, mediated through perception of parental support, peer support and teacher support. Student perception of parental support has stronger mediating effects than other mediators. Similar findings were found for students from each society.

Conclusion: The findings imply that student perception of social support plays an important mediating role between exposure to school violence and student psychological distress. The findings provide empirical evidence and information to help school practitioners and policymakers justify developing or incorporating social support into prevention and intervention strategies. The findings suggest that interventions or policies promoting social support incorporated at a national level could be effective to alleviate school victimization across three Chinese societies.
Classroom strategies regarding the needs of children with bullying, and child to child sexual acting out behaviors: A reflection on the strategies and methodologies that prove effective in classrooms in Miami Dade County, Florida

Wednesday, 31st August - 09:20 - Bullying - Oral

Ms. Margarita Guzman (Grand Canyon University), Mrs. Sara Guzman-Suarez (Universidad Pontificia Bolivariana), Mrs. Alcira Waterman (Independent researcher)

ABSTRACT

Children that have behavior problems, such as bullying, and child to child sexual acting out, have diverse needs that become their survival. These inappropriate behaviors demonstrate the child’s frustrations perhaps in the only way he or she knows how to express them. Therefore, classroom teachers need appropriate strategies and methodologies to identify and address these needs within the classroom.

OBJECTIVE

To attempt to find effective strategies and methodologies for teachers to identify and address the needs of children with behavior problems such as bullying, and child to child sexual acting out, with the goal to create opportunities for their needs to be understood and met preventing them from feeling like “voiceless menaces to society” as they grow up.

METHOD

This investigation is rooted in observations and interviews focused on diverse schools in Miami Dade county.

The intention is to identify effective methodologies that will help pinpoint the needs of children with bullying and child to child sexual acting out behaviors, and the best strategies to address them.

RESULTS AND CONCLUSIONS

The purpose of this investigation is to give teachers concrete strategies and methodologies to identify and address difficult behaviors such as bullying and child to child sexual acting out experiences within a classroom and to prevent the augmentation of frustrated voiceless children. The investigation will generate effective interventions that will give children with these type of experiences and behaviors the tools to develop appropriate self-defense mechanisms and grow to be global citizens with a voice.
Does self-identified victimization affect mental health and help-seeking behavior among adolescents who experienced bullying behaviors?

Wednesday, 31st August - 09:40 - Bullying - Oral

Ms. Jerrine Z.N. Khong (Singapore Children’s Society), Mr. Yi Ren Tan (Institute of Mental Health), Dr. Say How Ong (Institute of Mental Health), Dr. Daniel Fung (Institute of Mental Health), Dr. Angeline Khoo (Independent researcher), Prof. John Michael Elliott (National University of Singapore)

Researchers typically assess the prevalence of victimization using definition-based measures, where respondents report if they have been victimized after being given a definition of bullying; or behavior-based measures where respondents report their experience of disparate behaviors that constitute bullying. These two approaches may identify different victims with varied bullying experiences. This study explored differences between (1) ‘self-identified’ victims (according to definition-based measures), (2) ‘behavior-based’ victims (adolescents who reported bullying behaviors but do not identify themselves as victims), and (3) non-victims (those reporting no victimization experiences).

A total of 3,319 adolescents (aged 12-17 years) reported whether they were bullied in the past six months, their experience of bullying-related and help-seeking behaviors, and completed the Strengths and Difficulties Questionnaire (SDQ). Findings were that out of a list of 20 bullying behaviors, ‘self-identified’ victims tended to report experiencing multiple bullying-related behaviors. In contrast, ‘behavior-based’ victims tended to experience much fewer bullying-related behaviors. ‘Self-identified’ victims reported higher SDQ total problem scores compared to ‘behavior-based’ victims, and also to non-victims. They were also more likely to seek help than ‘behavior-based’ victims. ‘Behavior-based’ victims reported higher SDQ total problem scores compared to non-victims. Bullying-related experiences were associated with poorer mental health, whether or not adolescents identified themselves as victims.

Findings suggest that adolescents experience different forms of bullying, and not all of them will consider themselves as victims or seek help. Consequently, a single self-report measure may not adequately capture information on the whole spectrum of victimization. Besides providing assistance to ‘self-identified’ victims, special attention needs to be given to ‘behavior-based’ victims, who are less likely to seek help.
Impact of UN guidelines on the provision of foster care

Wednesday, 31st August - 09:00 - International Efforts - Oral

Prof. Kevin Browne (University of Nottingham, Centre for Forensic and Family Psychology),
Dr. Shihning Chou (University of Nottingham, Centre for Forensic and Family Psychology)

Introduction: According to UN ‘Guidelines for the Alternative Care of Children’ (Report of the Human Rights Council 11th Session, October 2009) The Guidelines for 193 Member states state that alternative care for young children, less than 3 years, should be only provided in family settings. The aim of this study was to see the UN Guidelines have produced any measurable changes in the number of young children living foster care.

Methods: To establish the number and characteristics of children in foster care less than 3 years, a Survey of Government Official Statistics was carried for 54 Countries across Europe and Central Asia. Data from 2013 were compared to findings related to young children in foster care from a previous survey in 2003 of the same countries.

Results: Data from 44 countries in 2013 showed there were 66,354 children less than 3 years in foster care but the provision varied widely from country to country. Six countries used foster/kinship care exclusively for young children (UK, Norway, Iceland, Slovenia, Cyprus & Ireland). Ten other countries had increased the proportion of young children in foster care since 2003.

Discussion: Surprisingly, there were no significant associations between the number of foster families and the number of children under three in institutions (N= 28) or under eighteen in institutions (N=29). It has been observed that the increase in foster care provision over the past ten years appears to have absorbed the increase in the numbers of children being placed into ‘out of home’ care, partly due to greater recognition of child abuse and neglect and a proliferation of child protection services. Consequently, the number of children in institutions has reduced slowly. Children from ethnic minorities and/or with disabilities appear to be discriminated against for foster care and remain in institutional care for long periods of time.
A critical consideration of recent international efforts to strengthen child protection systems

Wednesday, 31st August - 09:20 - International Efforts - Oral

Ms. Nicole Behnam (International Rescue Committee), Dr. Philip Cook (International Institute for Child Rights and Development (IICRD); Royal Roads University), Mr. William Forbes (World Vision International), Mr. Alexander Krueger (Child Frontiers), Dr. Mike Wessells (Columbia University Mailman School of Public Health), Mr. John Williamson (Better Care Network)

Over recent years, practitioners in international child protection have made a conceptual and practical shift beyond individual projects toward child protection systems efforts. These efforts have sparked a fertile series of programmatic experimentations, concepts, and working approaches, as well as practitioner debates. However, this shift at the global level has had challenges in filtering down to effective policies and sustainable programs on the ground.

Despite progress, both the child protection systems discourse and practice have shortcomings that constitute important stumbling blocks. These challenges have the potential to not only undermine the effective implementation of international strategies in child protection but also the credibility of the international child protection field and the positive outcomes it aspires to achieve for children and families. It also means there is a lack of consensus at national and local levels about how to design and implement relevant policies and programs.

This oral presentation will be focused on a white paper which sets out critical analysis of recent child protection systems efforts, written by a diverse group of experts drawing from international non-governmental organizations, and academic institutions, donors, consulting companies, and child protection networks. The paper frames the debate in terms of a structuralist versus a functionalist approach, and goes on to identify challenges in current child protection systems efforts. It then proposes and explores a set of principles and examples of child protection systems efforts that constitute some potential answers to these challenges, including:

• Applying systems theory to child protection efforts
• Understanding and engaging the child in context
• Making families and communities central to child protection

Finally, it briefly outlines a few policy implications for consideration and discussion, as well as some unresolved issues and a brief discussion of current trends and the solutions discourse.
Highlights of ISPCAN’s World Perspectives - 2016

Wednesday, 31st August - 09:40 - International Efforts - Oral

Ms. Jenny Gray (ISPCAN)

As it has done every 2 years over the past 22 years, ISPCAN gathered information in 2015 on the state of child protection around the world. Highlights of findings from 73 countries will be presented, including laws and policies, programs and services, and child sexual exploitation. We obtained information from 13 countries in Africa, 8 in the Americas, 21 in Asia, 29 in Europe, and Australia and New Zealand and Oceania. Countries were also categorized by income level using designations by the World Bank; 36 countries were high income, 29 middle income and 8 were low income.
Objectives: The main objectives of this presentation are to: (1) enhance understanding of infants and their families investigated by the child welfare system; and, (2) determine the most influential factors associated with the decision to provide post-investigation child welfare services.

Method: A secondary analysis of the fifth cycle of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) for 2013 was conducted. The OIS is a cross-sectional child welfare study that is conducted every five years. The most influential clinical and case factors that predicted the decision to transfer a case to ongoing services were explored through a multivariate tree-classification technique, chi-square automatic interaction detection (CHAID).

Results: There was an estimated 7,915 maltreatment-related investigations involving infants in 2013. Of those investigations, approximately 40% were transferred to ongoing services. Many investigations (44%) had at least one previous case opening. At least one caregiver risk factor was identified in approximately three-quarters (74%) of investigations involving infants. In the majority of investigations (57%), at least one referral for specialized services was provided. Primary caregiver with few social supports was the most highly significant predictor of the decision to provide ongoing child welfare services. Primary caregiver risk factors were predominant in this model. The analysis identified subgroups of investigations involving infants for which the likelihood of being transferred to ongoing services ranged from approximately 11% to 97%.

Conclusion: Caregivers of infants are struggling with numerous challenges that can adversely compromise their ability to meet the unique developmental needs of their infant. The findings underscore the importance of community and social supports in decision-making. Understanding how the child welfare system responds to the unique needs of infants and caregivers is critical to developing appropriate practice and policy responses within the child welfare sector and across other allied sectors.
Rehabilitating the risk paradigm

Wednesday, 31st August - 09:20 - Minimizing Risks - Oral

Dr. Helen Buckley (Trinity College Dublin)

During the 1990s and early 2000s, child protection research in the English speaking jurisdictions was heavily critical of the investigative approach that was current at the time. What became known as the ‘risk paradigm’ became very unpopular, particularly with academics. Policy makers, following this theme, commissioned assessment frameworks and practice guidance that encouraged workers to focus on children’s physical, emotional and psychological needs and their parents’ capacity to meet them. Early years services, family support and parenting supports were prioritized as the interventions of choice.

While fully supportive of the aforementioned developments, this presentation will argue that assessment of risk needs to form part of an evaluation of parental behavior when the circumstances of the case suggest it.

Method

This presentation will draw on a sample of case reviews where parents killed or seriously injured their children, it will take a hindsight perspective, acknowledging the convenience of looking back on a case in full knowledge of what later occurred.

Results

The thread linking these cases is that while the focus of attention was on the needs of the children concerned, and the capacity of parents to physically and emotionally nurture their children on a day to day basis, aspects of potentially dangerous parental behavior outside this sphere were not always noted and opportunities to intervene may have been missed.

Conclusion

The clear implication is that while the investigative approach to child protection is applicable to only a limited number of cases, practitioners need to be trained and competent to conduct risk assessment, and to understand the circumstances in which such assessments are required.
A critical reflection on the basic principles of assessment of
the child at risk

Wednesday, 31st August - 09:40 - Minimizing Risks - Oral

Prof. Gloudien Spies (University of Pretoria, South Africa), Prof. Rina Delport (University of Pretoria, Dept Social Work and Criminology), Dr. Liana Le Roux (University of Pretoria, Dept Social Work and Criminology)

The purpose of this paper is to reflect on some basic principles that are of critical importance to ensure effective assessment of children at risk. The author identified these principles during an empirical study that formed part of the testing of newly developed assessment tools for the South African context as well as feedback from social workers that were trained to implement these tools in practice. It became evident that some basic principles form a critical part of a safety and risk assessment protocol, implying that the use of a set of assessment tools alone will not guarantee a competent assessment. They advance that, principles such as to follow a holistic approach, to gather collateral information in an ethical manner, to form a partnership with the family system, to follow a strength perspective approach, to be child-centred focused and to adhere to evidence-based practices, will enhance the quality and effectiveness of the assessment process of children at risk.
Best practices in forensic interviewing: Agreement amongst multiple models

Wednesday, 31st August - 09:00 - Forensic Interviewing - Oral

Ms. Chris Newlin (National Children’s Advocacy Center), Ms. Lou Ann Holland (United States Department of Justice)

This presentation will discuss the evolution of forensic interviewing of children regarding allegations of child abuse and neglect, emerging research and how experts in the field, representing many of the leading Forensic Interview training programs in the U.S., came together with the intent of identifying the common agreement and understanding of best practices in forensic interviewing. This collaborative effort led to the publication of a freely available article which will be shared with attendees and also highlight the areas of continuing dialogue and perspectives demonstrating that among these leading training programs, there is significant consistency in practice perspective. In addition, the highly research-supported article will be discussed which is intended to be a resource for use in court, as a criterion against which forensic interviews may be compared and to determine whether appropriate techniques were utilized. All individuals involved in the investigation of child abuse, especially those who conduct forensic interviews or defend them in court, will benefit from this newly published resource.

The objectives of this presentation are:

1. Describe the evolution of forensic interviewing of children
2. Highlight the process of engaging multiple forensic interviewing training programs to identify both research and practice informed best practices in the field
3. Provide the Best Practices in Forensic Interviewing article to participants
4. Identify the multiple uses of this document to enhance the protection of children

These objectives will be met through an oral presentation supported by a powerpoint and dissemination of the article by the lead author for this publication.
Nation-wide survey reveals forensic interviewers’ perspectives, challenges, and goals

Wednesday, 31st August - 09:20 - Forensic Interviewing - Oral

Ms. McKenzie Vanderloon (Wilfrid Laurier University), Dr. Sonja Brubacher (Centre for Investigative Interviewing / Deakin University), Dr. Kim Roberts (Wilfrid Laurier University), Dr. Barry Cooper (The Forensic Alliance & Simon Fraser University), Dr. Heather Price (University of Regina), Ms. Lynn Barry (Founder and Executive Director of Canadian Child Abuse Association (formerly CSICA))

Child victims/witnesses across the nation experience a wide range of interactions with professionals while being interviewed. Depending on the province or territory the child resides in, there are varying interview techniques that the child would have experienced (e.g. evidence-based practice, or strategies based on general advice). Likewise, many investigative interviewers (police officers, child protection workers, and interviewers based at Child Advocacy Centres) have participated in a multitude of training and specific interview protocols while working with children, all of which may differ depending on the agency for whom they work for as well as geographical location. Objectives: The aim of this presentation is to provide an overview of the perceptions and experiences of professionals across the country. Moreover, our objective was to shed light on the interview techniques that are used by forensic interviews nation-wide to better understand how consensus may be reached across Canada. Method: A survey was created in both English and French which was distributed via email to police officers (municipal, provincial, and federal), and child protection workers. The survey included 16 questions. Some were multiple choice, but the majority were open-ended questions in which participants typed their responses. Questions targeted what type of training the professionals received, whether follow-up training was given, whether interviews were conducted individually or as a team, the biggest challenges faced in the job, and what interviewing advice had been given in the workplace. Results and Conclusions: 191 respondents completed the survey. It was evident that there is a wide array of interview techniques used nation-wide, creating a lack of consensus on which techniques should be used, whether and how follow-up training should be delivered, and challenges faced in the profession.
What is effective in eliciting information from child sexual victims? Evidence from a cross-cultural research and a correlational study in a Brazilian sample of forensic interviews

Wednesday, 31st August - 09:40 - Forensic Interviewing - Oral

Dr. Reginaldo Torres Alves Jr. (Tribunal de Justiça do Distrito Federal e dos Territorios), Dr. Debra Nelson-Gardell (University of Alabama), Dr. Marcelo Tavares (Universidade de Brasília)

A child/adolescent forensic interview for the purposes of finding out about allegations of abuse or criminal activity has been termed a “challenging conversation” for both interviewee and interviewer (Steele, 2012). The ability to disclose sensitive information by children is mediated by variables such as age, type of abuse or other criminal activity they may have witnessed, and support of their primary caregiver(s). The ability of the interviewer to conduct a forensically relevant interview is mediated by training, experience, and ability to establish a safe and supportive relational environment with the interviewee. Although forensic interviewers are familiar with best practices, preferred and adequate question format, and interview protocols, research has show it is common for interviewers to fail to integrate this knowledge into real world practices (e.g. Fisher & Geiselman, 2010; Kask, 2012). In order to assess the relationship between the interviewer’s skills and children’s utterances, a sample of 31 interviews conducted by psychologists and social workers in a Brazilian Protective Court were analyzed. This presentation shows the results and recommendations derived from the outcomes of a correlational study between variables associated with the interviewers’ and interviewees’ in this sample. A code system based on free recall memory, recognition memory and funnel approach concepts was developed to analyze these interviews in a cross-cultural context with both American and Brazilian coders and interviews. The resulting code system holds cross-cultural equivalence with a good independent interrater agreement (Kappa >.68). Sole coding of the sample showed interviewers frequently used recognition memory prompts, supportive utterances and utterances designed to keep children talking. Children responded providing frequently uninformative, but also several forensic informative utterances. Correlation among children’s and interviewer’s variables shed light on effective interviewer’s practices and the possibility of using the code system to improve forensic interviews.
Identification of culturally relevant concept of child abuse in Mexican children who attend to a tertiary pediatric hospital

Wednesday, 31st August - 09:00 - Medical Issues - Oral

Dr. Abigail Casas-Muñoz (National Institute of Pediatrics), Dr. Arturo Loredo-abadalá (National Institute of Pediatrics), Mr. Noé González-García (National Institute of Pediatrics), Dr. Edgar Vargas-campuzano (National Institute of Pediatrics), Dr. Jessica María González-Corona (National Institute of Pediatrics), Dr. Cear Gutiérrez (National Institute of Pediatrics), Dr. Isabel Reyes-Lagunes (Universidad Nacional Autónoma de México)

Introduction: Child Abuse (CA) is a global public health problem. Currently there is not screening tools in Mexican children to identify it. The aim of this study was to identify the culturally relevant concept that school children associated with CA, in order to obtain content for the construction of a screening tool.

Material and Methods: Cross-sectional descriptive study. It was held at the National Institute of Pediatrics (INP) from February 2015 to May 2016. It was approved by the INP´s Research and Ethics Committees. 473 Mexican children were included from 9 to 12 years, who attended the outpatient clinic. It was applied a questionnaire with six sentences (stimulus) and a distractor for collecting the variables of interest: definers (words produced), and other for sociodemographic variables. A descriptive analysis was performed and an analysis of the semantic networks (size and core network and semantic distance). Differences by age and age group were sought by chi square test and Spearman correlations by differences were identified.

Results. Children showed an extensive knowledge of child abuse, the definers were grouped into eleven categories, six were principal categories: physical, psychological, sexual abuse, neglect, labor exploitation and witnesses of violence. Girls and boys in different age groups identified all categories (Pearson chi square = 17.27, p = 0.303). There were significant differences in the ranking of the defining age and sex within each identified category.

Conclusions. We identify eleven dimensions (categories) in the concept of MI who issued the children to form the screening tool. The defining will be considered by sex and age to form the items of the proposal, due to the differences found.
Medical neglect investigations in the Ontario child welfare system: Findings from the Ontario incidence study of reported child abuse and neglect 2013

Wednesday, 31st August - 09:20 - Medical Issues - Oral

Ms. Kate Allan (University of Toronto), Dr. Melissa Van Wert (University of Toronto), Dr. Barbara Fallon (University of Toronto), Ms. Rachael Lefebvre (University of Toronto)

Objectives: Medical neglect investigations constitute a small proportion of substantiated child welfare investigations in Canada and the United States; however, medical neglect can result in serious short and long-term consequences for children. The purpose of this paper is to understand the unique characteristics of medical neglect investigations and determine if these investigations are more likely to document physical harm to the child.

Methods: Quantitative data and case narratives from the Ontario Incidence Study of Reported Child Abuse and Neglect 2013 were used to provide a profile of medical neglect investigations in Ontario. Medical neglect investigations were compared to investigations involving other forms of neglect using chi-square analyses. A logistic regression was conducted to determine whether medical neglect is significantly more likely to result in physical harm compared to other forms of neglect. Analysis of case narratives provided thematic support for the quantitative results.

Results: An estimated 1,774 medical neglect investigations were conducted in Ontario in 2013. Investigations focusing on medical neglect were significantly more likely to involve an infant, a child with physical disabilities, Fetal Alcohol Syndrome or a developmental delay, and caregivers with few social supports or a history of foster care/group home in childhood. Physical harm was more often noted for medical neglect investigations at the bivariate level. Controlling for other child and family factors, medical neglect investigations were over four times more likely to result in physical harm (OR=4.7, p<.001). Case narrative analysis revealed five categories of medical neglect: dental, developmental, primary care, preventative healthcare, mental health and neglect related to a chronic illness.

Conclusions and Implications: Investigations focusing on medical neglect involve families with numerous child, caregiver and household-level needs requiring a coordinated service response. Categories of referral related to medical neglect could be used to guide the provision of services.
The multiple faces of child abuse and neglect: A case for the utility of a public health model within the Trinidadian context

Wednesday, 31st August - 09:40 - Medical Issues - Oral

Dr. Christine Descartes (The University of the West Indies, St. Augustine Campus), Dr. Priya E. Maharaj (The Alpine Project, Independent Research Consultant and Independent Practitioner)

Objectives: Caribbean statistics on child abuse are often misrepresentations of its true pervasiveness, since in many cases it is under-reported and is deeply enmeshed in social, familial and ideological systems that may not work together to protect children. In addition, funding for basic prevalence and incidence studies often remains elusive. The current study examined the co-occurrence of child abuse and neglect among adolescents in Trinidad and adds significant value to the Caribbean literature on child abuse and neglect, given the conspicuous absence of empirical data and the widespread local knowledge of this problem. The study also explored the utility of the public health model to address this problem. Method: The study adopted a correlational design. As part of a larger study, 226 adolescents aged 12 to 17 years were sampled from residential (N=113) and non-residential (N=113) care. Participants completed the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1997) which measured five different types of abuse/neglect (emotional abuse, physical abuse, sexual abuse, physical neglect and emotional neglect). Results: Preliminary analyses indicated that 83 (73.45%) adolescents in non-residential care and 109 (96.46%) in residential care faced at least one type of abuse or neglect. Pearson’s correlation revealed moderate to strong correlations among the five types of abuse and neglect. Conclusions: The findings suggest that adolescents are likely to face multiple forms of abuse. Attention should be paid to all children, since their experiences of abuse may not only be environment specific and in some cases, protective factors within the family or home may not be present. A public health model is proposed to effectively deal with early detection and prevention strategies and utilizes many existing resources.

Keywords: child abuse, neglect, public health model, adolescents, Trinidad
Advances in child sexual maltreatment epidemiology

Dr. David Finkelhor (University of New Hampshire), Dr. Maha Almuneef (National Family Safety Program, King Abdulaziz Medical City - Ministry of National Guard), Ms. Serena Almadani (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Shanta Dube (School of Public Health, Georgia State University), Dr. John Fluke (University of Colorado School of Medicine)

International epidemiological research in the past decade has challenged one of the ‘core facts’ in our field: that girls are two to three times more likely than boys to be exposed to sexual abuse. Consistently now, there is research in Asian and Middle Eastern countries showing approximate equivalence across genders, or somewhat higher risk among boys. This is quite different from patterns in North America, Europe and in some African and South American countries. What differentiates the experiences of boys and girls who are victimized? Is the apparently strong influence of culture genuine? What specific cultural, socioeconomic or methodological might explain this variation? What can we learn about protective cultural influences?

This symposium offers a diverse range of research on the topic of our changing understanding of child sexual maltreatment. The sessions includes three presentations:

Testing Hypotheses on International Variation - a methodological examination of international variability in prevalence and exploration of what is needed to test the sources of the differences.

Adult Survivors of Childhood Sexual Abuse (CSA): Convergence of Pathogenesis and Salutogenesis - focuses on a large US ACE study of adults and examines resilience.

Long term impact of child sexual abuse among Saudi Arabian adults - is an examination of a large Saudi Arabian ACE sample of adults and describes how sexual maltreatment for both males and females impacts long term health outcomes.
Advances in child sexual maltreatment epidemiology - Long term impact of child sexual abuse among Saudi Arabian adults

Wednesday, 31st August - 09:00 - Symposium 11 - Symposium

Ms. Seren Almadani (National Family Safety Program, King Abdulaziz Medical City - Ministry of National Guard), Dr. Maha Almuneef (National Family Safety Program, King Abdulaziz Medical City - Ministry of National Guard), Dr. John Fluke (University of Colorado School of Medicine)

Background: Childhood sexual abuse can hinder normal social growth and be a cause of many different psychosocial problems. A number of studies have explored the relationship between childhood trauma and later health concerns. However, few researchers have explored this association among Saudi Arabian adults.

Objective: to examine the association between sexual abuse (one type of Adverse Childhood Experiences (ACE)) among Saudi nationals and subsequent mental health disorders and risky behaviors.

Methods: In 2013, a cross-sectional study, supported by a grant from King Abdullah International Medical Research Center was conducted among 10,156 adults in 13 regions across KSA using a modified Arabic version of the World Health Organization-ACE-International Questionnaire (WHO-ACE-IQ). This tool has been widely used across many countries and in KSA (unpublished data). Adjusted odds ratios (OR) and chi-square analysis were calculated to assess the relationship between sexual abuse, mental health and risky behaviors.

Results: The results revealed a strong association between overall ACE and mental health and risky behaviors. People reporting 4 or more adverse childhood experiences were significantly more likely to complain of mental health disorders and health risk behaviors. The total number of respondents in this study was 10156. 12% (1218) of the participants reported being exposed to sexual abuse in their childhood, with a mean age of 33.7±10.9 years. The majority (61%) were males, employed (53%), and married (54%) and 31% were college educated. Compared to non-sexually abused, people who had a history of sexual abuse were more likely to have depression (OR=2.5), anxiety (OR=2.0) and mental illness (OR=3.6). Sexually abused people were also more likely to become smokers (OR=1.8), addicted to alcohol (OR=4.8) and drug addicts (OR=5.4).

Conclusion: To prevent mental health disorder and health risk behaviors among adults in Saudi Arabia, more attention is needed to prevent child sexual abuse.
Advances in child sexual maltreatment epidemiology- Adult survivors of childhood sexual abuse (CSA): Convergence of pathogenesis and salutogenesis

Wednesday, 31st August - 09:00 - Symposium 11 - Symposium

Dr. Shanta Dube (School of Public Health, Georgia State University)

Although the shame and secrecy of childhood sexual abuse (CSA) often keeps it a hidden malady, it is now recognized as a common form of childhood maltreatment worldwide; persons exposed to CSA are at risk for long-term social, behavioral, and health consequences. However, less is known about factors associated with resilience among adult survivors of CSA and other childhood adversities. Two main objectives inform this presentation: 1) Highlight epidemiologic data from the Adverse Childhood Experiences (ACE) Study that provides estimates on exposure to CSA, severity of CSA, and relationship of perpetrator to reports of CSA among men as well as select social, behavioral, and health outcomes of CSA among men and women (N = 17337); and 2) Provide preliminary data on resilience-related factors among adult survivors of CSA and other childhood adversities guided through the use of a Salutogenic Model for Adult Trauma Survivors that was developed by Dube, 2013. The findings will inform discussions around future research, prevention strategies, and treatment for adult survivors of CSA and other childhood adversities.
Advances in child sexual maltreatment epidemiology - Testing hypotheses on international variation

Wednesday, 31st August - 09:00 - Symposium 11 - Symposium

Dr. David Finkelhor (Crimes Against Children Research Center, University of New Hampshire)

It is becoming increasingly clear that there are important cross-national variations in the prevalence of child sexual abuse. A key research challenge is to find ways to develop and test hypotheses to account for these differences. This presentation suggests a conceptual framework for organizing the hypotheses and variables to be included in prevalence surveys. The conceptual framework uses the 4 Preconditions model to locate variables relevant to cross-national variation in categories like “children’s ability to protect themselves” or “external inhibitors”, i.e. the degree to which children are supervised or “internal inhibitors”, i.e. the degree to which potential abusers are restrained by taboos and fear of detection. The presentation suggests the addition of some key variable to national survey projects to test these hypotheses as well as the hypothesis that the differences are due to reluctance to disclose. Specific questions should be added about failure to make full disclosure in the questionnaire as well as a measure about shameful feelings about sexual abuse in general. Questions should also be added about such variables as children’s supervision, men’s sexual entitlement, victim blaming attitudes, and the dating social activity practices of teens. An example will be given about the analysis of sexual abuse prevalence patterns in China in efforts to test various hypotheses.
Prevention: “Working to stop female genital mutilation in Tanzania.”

Wednesday, 31st August - 09:00 - Workshop 27 - Workshop

Ms. Chiku Ali (Resource Centre on Violence and Traumatic Stress and Suicide Prevention), Mrs. Agnete Strøm (Kvinner fronten, Norge), Dr. Bjørn Blomberg (Haukeland University hospital)

This workshop is about efforts to unearth the facts about a lawalawa myth in Tanzania and the use of female genital mutilation (FGM) by some Tanzanian ethnic groups to cure lawalawa.

The term lawalawa, used to describe certain vaginal and urinary tract infections, appeared soon after 1968, following the ban on FGM in the Arusha Declaration, and is still used today. When working with these ethnic groups on the subject of eliminating FGM, one always hears about lawalawa. Today, the arguments for using FGM to cure lawalawa are used not only in relation to small children, but also adolescent Girls and boys. Lawalawa is not always limited to vaginal and urinary tract infections, but sometimes also when girls or boys have a fever for other reasons. This workshop is based on experiences from the continuous work against FGM in 64 villages in Singida and Dodoma Regions in Tanzania, from 2003 to date. The lesson learned is that the only way of eliminating FGM is to understand and accept the impact of lawalawa in communities as a fact and to give information and counselling.

Only in this way, and not by force, will it be possible to break the connection between lawalawa and FGM. Today, the belief in lawalawa is still strong, and FGM is widely practised in order to fight lawalawa. It seems that FGM cannot easily be abandoned. It is not only a question of clean water, hygiene and antibiotics; it is a belief in ancestors that was fortified in 1968. There is a need for mass mobilization from governments working closely together with civil society organizations and individuals. The experiences of the 1970s in Tanzania show that respect of cultures and well-calculated dialogue must be on Board first if we want to achieve changes in behaviour and attitudes in our society.

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Keywords: female genital mutilation, beliefs/norms/values, reproductive tract infections, gonorrhoea, Tanzania
The evolution of child intervention practice: The Alberta experience

Wednesday, 31st August - 09:00 - Workshop 28 - Workshop

Ms. Joni Brodziak (Alberta Human Services)

Alberta’s Child and Youth Services is working with community partners and professionals to implement a practice framework to support child intervention workers in their day-to-day interactions and decision making with children and families. The framework builds upon current leading approaches and research, and recognizes initiatives and projects that are paving the way to changing how child intervention staff work with children, youth and families.

The framework is a natural and evolutionary next step that helps child intervention workers to connect philosophy, legislation and policy with day-to-day practice. The evolution of child intervention in Alberta to a principle-based practice has occurred in several progressive steps, starting with the Alberta Response Model in 2001, continuing with the development of the Child, Youth and Family Enhancement Act in 2004 and leading to the introduction of the Casework Practice Model in 2006. Building upon initiatives, such as Collaborative Service Delivery and Signs of Safety, the framework continues to highlight the importance of having clear values and guiding principles to ensure the safety and well-being of all Alberta’s children, youth and families.
Show, don’t tell: A call for greater accountability and transparency in child abuse interviewing and investigation

Wednesday, 31st August - 09:00 - Workshop 29 - Workshop

Ms. Lynn Barry (Canadian Child Abuse Association)

The practice of child abuse interviewing and investigation requires a well-developed skill set because of (a) the challenges of interviewing young children; (b) the potential for forensic scrutiny; and (c) the co-interviewing required with a multi-disciplinary approach. While there has been an increased focus on improving the standards of practice over the past decade, it is argued in this session that such efforts are still inadequate. The objective of the session is to explore aspects of concern that include the hiring requirements and practices of child interviewers by mandated authorities; unrecorded investigative interviews of child interviews when unaccompanied by police officers; a lack of clarity/consensus about the complaint and its relation to polyvictimization; the substantiated ineffectiveness of skill retention in many training programs; a continued failure to transfer evidence-based research to practice; inadequate processes for peer review; and a lack of national/international interviewing standards and accreditation.

This session will explore these issues, challenging current practices with the latest evidence-based research, and concluding with suggestions and recommendations. Audience discussion is encouraged.
Integrated practices supporting vulnerable pregnant persons facing multi-layered challenges

Wednesday, 31st August - 09:00 - Workshop 30 - Workshop

Ms. Cathy Rigby (Sheldon Kennedy Child Advocacy Centre, Calgary, Canada), Ms. Cassandra Rose (Sheldon Kennedy Child Advocacy Centre), Ms. Allison Saxby (Alberta Health Services/Sheldon Kennedy Child Advocacy Centre), Ms. Corinne Murray (Calgary Police Service/Sheldon Kennedy Child Advocacy Centre)

The POST (Prenatal Outreach Support Team) deliver family-centered care by providing an integrated team approach to their individual needs. POST is a collaborative partnership between the Sheldon Kennedy Child Advocacy Centre, Alberta Health Services and Calgary Police Service. Leveraging each of their perspectives, team members identify and provide specialized intervention and referral services to vulnerable pregnant persons in high risk situations. This team assists approximately 30 individuals per month, facilitating their engagement with prenatal services and community supports to reduce risk to themselves and their pregnancies, resulting in healthier, safer births and infants. Using a harm reduction and client driven practice approach, front-line service providers conduct individualized goal and care plans using an integrated practice model. Of the clients served through these collaborative teams, 34% are challenged by mental health issues, 88% live with domestic violence, 44% struggle with problematic substance use and at least 90% live in poverty. Clients face multiple challenges in their daily lives. They are marginalized and socially isolated during pregnancy, resulting in decreased fetal health and safety. POST facilitates safe and supportive environments for healthy pregnancies and infants with in their community. POST facilitates a collective of pre-natal serving organizations throughout Calgary to build an evidence-based standard of care for vulnerable pregnant persons. A Case study will be used to illustrate the complexities of the continuum of care provided through these teams and in the community.

Components of a tool kit provided will be presented facilitate discussions for building similar programs:

- Important elements of integrated practice (role clarification, information sharing, engagement and support strategies).
- Strategies to identify and connect with vulnerable persons.
- Assessing risks for abuse and neglect.
- The benefits and challenges of an integrated model.
- Strategies that build community networks to create a consistent and streamlined process for clients.
International interest in the Signs of Safety approach to child protection work has grown exponentially over the past several years resulting in sustained implementations in over 200 jurisdictions world-wide with 50 licensed trainers and consultants leading and training across the globe. A successful and sustained implementation of an organizational shift such as this requires not only ongoing training and coaching but also a commitment to go this journey. Implementation is not just an individual endeavour, it requires a cultural shift of the entire organization and the support of the highest level of executives but it all begins with a simple understanding of the complex nature of child protection and the need for change. Change in child protection systems is never easy though we’ve been attempting it for decades without much success; families continue to report their dissatisfaction and workers continue to burn out and leave the field. It’s tough work there’s no doubt about that! But there’s also no doubt that change is imperative! We have been making decisions about children that have had lasting effects on their lives, it is time we came to truly understand how to make decisions based on the safety contained within a family unit. This workshop will take participants through the ground-level theory behind the model and a quick overview of some of the many tools utilized within the Signs of Safety practice approach. Participants will leave with a better understanding of what Signs of Safety is and a strong desire to make this shift within their own organizations wherever they may be.
Religion. Culture and context: Protective and harmful practices in sexual and other violence against children in Zanzibar

Dr. Shelley Lees (London School of Hygiene and Tropical Medicine), Dr. Karen Devries (London School of Hygiene and Tropical Medicine)

Objectives

Sexual violence against children is complicated by ideas and constructions of gender, childhood and sexuality. Understandings of sexual violence against children must thus be situated within local contexts. This paper reports on a qualitative study conducted in Zanzibar to explore the socio-cultural context for sexual violence against children and to understand the types, perpetrators and situations of such violence.

Methods

The research was conducted in a rural and urban districts in Zanzibar and involved 12 in-depth interviews (IDIs) with adolescents, 4 IDIs with parents of children who have experienced sexual violence, 16 focus group discussions (FGDs) with community members, 2 FGDs with madrassa and school teachers and 5 key informant interviews (KIs). Participants were recruited through local leaders and community organisations.

Results

The results revealed a complexity of ideas of what is childhood drawing on religious/cultural norms, which have been influenced by global media, especially the internet and exposure to tourism. Participants talked about moral and respectful behaviour by children, which were seen to be protective but if transgressed either put children at risk or placed them as perpetrators of sexual violence. Participants reported high levels of sexual violence against children, including rape against both girls and boys. The main perpetrators identified were other children, especially those taking drugs or alcohol, family members, but mainly people in authoritative positions especially madrassa teachers. The factors that put children at risk reported included lack of training and monitoring of madrassa teachers, lack of punishment for perpetrators, and lack of ability of parents and others in the community to protect children.

Conclusions

Sexual violence against children is a significant problem in Zanzibar and this study has revealed that programmes to reduce violence in such places as madrassa schools are urgently needed.
Latin-American responses regarding the situation 
involvement of children in armed conflict: A reflection on 
the experience of El Salvador as a guide for the Colombia’s 
post-conflict case

Wednesday, 31st August - 10:35 - Practice Informing Systems - Oral

Mrs. Sara Guzman-Suarez (LLM University of Illinois at Urbana Champaign; International Law Instructor at Pontifical Bolivarian University, Conciliation Center Director; Arbitrator, Colombia), Mrs. Liliana Patricia Rincón- Fonseca (International Law Instructor at Pontifical Bolivarian University, Colombia.), Dr. Luis Gonzalez Martin (National University, Bogotá), Mr. Alexis Marcelo Henriquez Torres (USTA Bucaramanga)

ABSTRACT

Much of the Latin-American population has been affected by armed conflicts, making necessary the revision of every aspect pertaining to the prevention of violence, as well as the mechanisms that seek out to diminish the negative effects that it has on the under aged population.

OBJECTIVE

To attempt to show up to what point transition and post-conflict policies have been able to surpass a short-term vision, one that is associated with the simple overcoming of the past, and have managed in a strategic and visionary manner the challenges that come with “the transmission of the effects of violence to new generations with mechanisms like fear, silence, rage, impotence and pain…” with the goal of preventing children from becoming part of new armed and violent structures.

METHOD

This investigation is rooted in an explorative case study, focused on the Central-American region, especially in El Salvador and based upon it suggestions will be formulated for the Colombian case.

With the experience in El Salvador, the intention is to identify if the progress in the matter of truth, justice and repair have developed prevention and protection and child mechanisms tending to diminish the risk of early association with new armed structures that arise in the aftermath of the conflict.

RESULTS AND CONCLUSIONS

For the purpose of creating future opportunities, concrete answers will be suggested as the basis for handling the issue of children in scenarios of armed conflict and post-conflict, and more specifically responding to alternatives from public policy that generate means of intervention that keep these young victims from joining violent groups such as gangs or “maras”, common crime and drug trafficking groups, will be established.
Changing the odds: Learning from mismatched service-provider and youth understandings of what enables resilience

Wednesday, 31st August - 10:55 - Practice Informing Systems - Oral

Prof. Linda Theron (North-West University)

Vulnerable young people’s achievement of functional outcomes depends largely on meaningful social ecological supports. In particular, recent resilience research in both the global North and South shows that young people are more likely to be resilient when they consider the supports to be personally relevant. This implies the need for service providers to be aware of what resilience-enabling resources young people consider to be pertinent, and to respect youth insights in the course of service planning and delivery. Accordingly, in this paper I report a qualitative study which explored how well service providers’ understandings of resilience-enabling resources matched those of young people. In this study, 290 adult South African youth-focused service-providers and 385 South African adolescents (made vulnerable by structural violence) were separately asked to consider what supports resilience among vulnerable young people. To answer, they generated visual and narrative data (i.e., hand-drawn illustrations of the supports and subsequent written explanations of these). Using thematic analysis and frequency counts of the emerged themes, I compare adult and youth understandings of resilience-enabling resources. In contrasting their understandings, it is apparent that there is some overlap in adult and youth understanding of resilience-enabling supports (both include education, familial, and spiritual resources), but that within these commonalities youth and adults prioritize resources very differently. Youth emphasis was on educational pathways; adult emphasis on kinship systems. Youth valued opportunities to dream of and plan toward a better future; adults discounted these. Adults contributed resilience to personal qualities within young people themselves; youth participants generally did not. This disconnect has implications for social ecological support of youth resilience, including the criticality of service providers respecting youth insights and prioritizations in their determination of advocacy agendas and intervention programs.
Sociocultural dynamics that perpetuate early girl child marriage in Uganda: A qualitative analysis

Wednesday, 31st August - 10:15 - Studies from Uganda - Oral

Mr. Moses Ntenga (Joy for Children), Dr. David Mafigiri (CeSSRA, School of Social Sciences, Makerere University), Ms. Phiona Kabahubya (Joy for Children), Mr. Kankya Blaise (Makerere University, School of Education)

Abstract

XXIst ISPCAN International Congress for the prevention of Child Abuse and Neglect, Calgary, Canada – August 28 – 31, 2016

Theme: Children in crisis: Child marriage

Title: Sociocultural dynamics that perpetuate early girl child marriage in Uganda: a qualitative analysis.

Moses Ntenga; Joy for Children-Uganda

David Mafigiri; CeSSRA, School of Social Sciences, Makerere University, dmk28@case.edu

Objectives: To examine beliefs, perceptions and experiences perpetuating early child marriage in Uganda.

Methods: Twenty (10 urban, 10 rural) in-depth interviews with women who were married as children and are receiving support from Joy for Children, an NGO that intervenes to help control early child marriage through community based approaches in Kampala City (Central region), Kabarole (West) and Butaleja (Eastern Uganda) districts. Qualitative analysis followed a content and thematic approach.

Results: Common beliefs and perceptions in the communities were found to contribute to the persistence of early child marriage. For example, it is assumed that as long as a girl goes into her menses then she is like a banana plantain that only ripens when it is mature! Persistence of early child marriage is also attributed to widespread social problems including poverty, displacement and other humanitarian emergencies, which disenfranchise the populace. Most participants perceived their adult parents/caretakers to have been aware that child marriage was illegal in Uganda and knew of laws to prevent it. Violence, poverty, disenfranchiseism were commonly reported experiences reported by women who were married as children.

Conclusions: Despite a number of interventions to reduce child marriage, it remains at unacceptable proportions. We recommend that a combination of community-based, child friendly efforts that focus on prolonged schooling opportunities for girls, as well as engagement with the communities primarily as partners rather than as enforcers of law and order to help control child marriage.
Child trafficking in Uganda’s source and transit districts: Prevalence and risk factors at the household level

Wednesday, 31st August - 10:35 - Studies from Uganda - Oral

Dr. Eddy Walakira (Dept of Social Work and Social Administration, School of Social Sciences, Makerere University), Dr. Badru Bukenya (Makerere University, Department of Social Work and Social Administration)

Child trafficking is a problem that is acknowledged in Uganda, yet ‘nailing’ it down in measurable forms to ascertain its magnitude has proved to be a daunting challenge. This in part owes to its disguised and hidden nature rendering its measurement almost impossible. Objective: The study sought to measure and determine the prevalence of child trafficking in source and transit districts; understand the risk factors and; make appropriate recommendations to government and other agencies working with children. Methodology: The study used a mixed methods design. The quantitative component comprised a randomly selected sample of 819 household heads (caregivers/guardians) aged 18 and above drawn from Moroto district (north eastern Uganda, Karamoja region, mostly remote, often drought affected and predominantly occupied by pastoralists), and Iganga district (from east central, predominantly occupied by small holder farmers, with high population concentration). Quantitative data was collected by use of a structured questionnaire, while FGD/KII guides were used to collect qualitative data. Results: Three in 10 households (34%) had experienced child trafficking. Child trafficking was higher in Moroto district (41%) compared to Iganga (27%). Locality (district), family size, gender (female) and level of income were among the risk factors associated with child trafficking, although significance varied in some cases according to district. Qualitative interviews placed additional emphasis on dysfunctions with the family, poverty, orphanhood, peer influence and forced child marriages. Conclusions and recommendations: Factors underpinning child trafficking disproportionately affect the livelihoods and general welfare of households within particular localities, particular families (households) and individuals. Interventions that prevent and respond to child trafficking ought to take these variations into account and more so design social protection interventions that are child sensitive targeting vulnerable households, affected children, and communities.
Child trafficking in Uganda: Results of a survey among children working in low income settlements in Uganda’s Kampala city

Wednesday, 31st August - 10:55 - Studies from Uganda - Oral

Dr. Badru Bukenya (Makerere University, Department of Social Work and Social Administration),
Dr. Eddy Walakira (Makerere University, Department of Social Work and Social Administration),
Mr. Ismail Nyanzi-ndumba (Makerere University, Department of Social Work and Social Administration)

Child trafficking is a problem that has been identified for immediate eradication by the Uganda government authorities in accordance with international obligations. The dearth of rigorous data on the problem undermines efforts to eradicate it among the most vulnerable children within urban settlements. Objective: To understand the problem and decisively deal with it, it requires not only generating evidence on the prevalence of the phenomenon and the reasons behind it; but also drawing a connection between the risk of child trafficking and the broader subject of migration of children.

Methodology: We generated a sample of working children in selected areas within hotspots identified by children and agencies working with children in Kampala. On the basis of the samples, quota sampling was applied and a total of 420 were enrolled into the study of which 68.6% were males.

Results: Up to four in ten (40%) working children were trafficked. More girls (46%) than boys (36%) were trafficked with girls having a 53% chance of being trafficked. The parents’ education, income and marital status were significant risk factors. Children mentioned hunger, poverty, death of parents and dropping of school as key explanatory factors. Enticement with gifts and promises of lucrative jobs were the principal recruitment methods used; with parents or guardians leading the list of perpetrators recruiting children. Working conditions for trafficked children were worse compared to those of non-trafficked children.

Conclusions and recommendations: The prevalence of child trafficking among working children in Kampala is high, orchestrated by factors related to the profiles of children’s parents, the profiles of children and crafty nature of perpetrators. The courses of action to be pursued ought to be multidimensional taking into account the risk factors perpetrating children’s vulnerability at the household leading to migration (supply side) and measures that effectively deter perpetrators (demand side).
Pathways to harm: Child, parent and family characteristics in English serious case reviews, 2011-14

Wednesday, 31st August - 10:15 - Impact of Families - Oral

Dr. Peter Sidebotham (University of Warwick), Prof. Marian Brandon (University of East Anglia), Dr. Sue Bailey (University of East Anglia), Dr. Penny Soresen (University of East Anglia), Dr. Ameeta Retzer (University of Warwick), Dr. Liz Harrison (University of Warwick), Dr. Joanna Garstang (University of Warwick)

Aim: To describe the child, parent and family characteristics of serious and fatal child maltreatment in England

Methods: Preliminary data were obtained from the Department for Education (DfE) on all Serious Case Reviews (SCRs) between April 2011 and March 2014. SCR overview reports were obtained and scrutinised for case characteristics. Thematic coding and analysis of the overview reports was carried out to identify key characteristics.

Results: A total of 293 SCRs were notified to DfE, of these, overview reports were obtained on 175, relating to 123 deaths and 52 serious injuries. Thematic analysis identified a number of vulnerabilities in the children, including young age, disability, and prior signs of abuse or neglect. However, a majority of children did not have any specific vulnerability identified. Data on the parents and carers revealed a wide range of risks, many of which appeared to be cumulative, including domestic violence, mental health problems, drug and alcohol abuse, a past history of adverse childhood experiences, a history of criminality, and indicators of maternal ambivalence to her child. These often occurred within a wider context of social isolation and housing difficulties.

Conclusion: This analysis provides a deeper understanding of the interaction between childhood vulnerability, parent or carer risk, and the wider social and environmental context within which children are living and growing.
Between an outdated ideal and imposed norms: A solidified representation of fatherhood into a french mutating society. What representation of fatherhood in a social institution such as the EAOE?

Wednesday, 31st August - 10:35 - Impact of Families - Oral

Dr. Ségolène PAYAN (IRFASE (Institut de Recherche et de Formation à l’Action Sociale de l’Essonne)), Dr. Aziz ESSADEK (IRFASE (Institut de Recherche et de Formation à l’Action Sociale de l’Essonne)), Dr. Adèle ASSOUS (Hôpital Necker Enfants Malades)

The 1970 law changes paternal authority into parental authority. Since the adoption of the International Convention on Children’s Rights by France in 1989, this authority can be shared with any legal representative. These legislative developments have generated a change in the role of the father and lead us to ask ourselves, what position is now given to the father when the environment in which the child is brought up is seen as failing or abusive?

This research shows that in France the position of fathers in social institutions working with abused children, is still based on past representations of the absent father or the deprival of education, which has an impact on the abused children.

This is put into context by looking at the historical background of the legal evolution of the role of fathers. A population-based study, conducted in 2015, with 796 children in a service judicial measured the educational assistance in an open environment; it was noted that fathers are abusive towards their children.

76% of parents are separated. When children are raised by single parents, 33.7% are raised by their mother and 3.92% by their father. If 83.02% of mothers maintain regular contact with their children, more than half of the fathers (55.87%) also maintain contact.

This study shows that the representations of fathers in institutions are confined to abandonment or violent positions, which are no longer reflective of today’s reality. This results in a lesser presence of fathers with children and in institutions. Two reasons seem to generate this. 1) A narcissistic flaw in fathers related to legal and social disintegration of the image and the father’s recognition. 2) The many changes in the father’s place in society and the family generate losses of benchmarks for institutions, then difficulties in working with both children’s parents.
There is extensive research showing how direct or indirect childhood exposure to parental violence increases the risk of subsequent victimization and delinquent behaviour and attitudes. Although there is a growing attention to child abuse one is not always aware of the impact of parental violence on children. The consequences of witnessing domestic violence are large, the children are traumatized and experienced great emotional insecurity. However, it appears that in the Netherlands, three quarters of these children didn’t receive any form of assistance.

In this presentation we show the results on how being a victim or witness (of inter)parental violence influences delinquent behaviour and other risky behaviour such as alcohol or drug use. Are results are based on the International Self Report Study youth delinquency ISRD. The ISRD study is a theory-testing comparative survey of schoolchildren’s in the age of 12-16 years old experience of, and attitudes to, crime and substance use in 35 different European of other countries like the USA, and other south American countries. In this survey we have of three types of indicators of juveniles being a victim or witness of (inter)parental violence. We will present the results of the following topics. What is the proportion of 12-16 year-old reporting direct or indirect exposure to parental violence? Are there differences between the countries in prevalence’s rates of being a victim of maltreatment of parents or being a witness of parental violence and can these differences explained by national government responses to child maltreatment? And is there a relation between youth delinquent behaviour- especially for violent offences – and other problem behaviour and being a witness of parental violence or being a victim of child abuse.
Knowledge and skills regarding sexual abuse prevention in elementary school children: A study in a rural area of China

Wednesday, 31st August - 10:15 - Child Sexual Abuse - Oral

Ms. Jingqi Chen (Institute of Child and Adolescent Health, Peking University Health Science Center), Ms. Yanan Feng (Institute of Child and Adolescent Health, Peking University Health Science Center)

Objectives: To examine the level of knowledge and skills related to prevention of child sexual abuse (CSA) among children attending elementary school in a rural area of China.

Method: Three hundred and eighty-four children from grades 2 to 5 in two schools in a rural area participated in this study. The children’s knowledge and skills related to sexual abuse prevention were assessed by anonymous questionnaire survey.

Results: Of 384 children, 66.9% knew that children can refuse when they do not want their body to be touched by others; 32.0% knew that a child should tell others when private parts were touched by an adult, even if the child was told to keep it secret; 74.7% believed that they can say “No!” and “leave” when they were requested by an unknown adult to touch his private parts, and 64.1% said that they would tell others if this happened. Overall, the Grade 4-5 children’s knowledge and skills of CSA prevention were better than the Grade 2-3 children’s knowledge and skills. Compared with boys, more girls responded “refuse and leave” in all four scenarios of unsafe or potentially unsafe contact (41.9% vs. 56.1%).

Conclusion: Many of these elementary school children lacked CSA prevention knowledge and self-protection skills. School-based education programs for CSA prevention should be developed and applied in rural areas of China.

(The evaluation project has been supported by the Children and Violence Evaluation Challenge Fund, a joint initiative funded by Bernard van Leer Foundation, Oak Foundation, UBS Optimus Foundation and an anonymous donor and hosted by NEF. The sole responsibility for the content lies with the author and the content may not necessarily reflect the positions of NEF/Children and Violence Evaluation Challenge Fund or the sponsoring Foundations)
Predicting the disclosure of child sexual abuse: A meta-analytic review

Wednesday, 31st August - 10:35 - Child Sexual Abuse - Oral

Dr. Sheri Madigan (University of Calgary), Dr. Corry Azzopardi (The Hospital for Sick Children), Ms. S. Kathleen Hughes (The Hospital for Sick Children)

Objective. Effective identification, verification, and treatment of child sexual abuse often hinge on a disclosure statement from the victim in the absence of corroborating evidence. The disclosure of abuse by some children, however, can be hindered by a host of developmental, socioemotional, and contextual barriers, thus placing child safety and wellbeing at risk. The current study provides a meta-analysis of available research investigating the extent to which a range of variables empirically predict the likelihood of child sexual abuse disclosure and potential moderators of those associations.

Method. Searches were conducted in MEDLINE, EMBASE, PsycINFO, and EBM Reviews for published and unpublished child sexual abuse disclosure studies through to February 2015. Studies were included for meta-analysis if they: involved children, adolescents, or adults who may have experienced sexual abuse in childhood; assessed whether the individual had disclosed the abuse; examined one or more predictors of disclosure; had a statistic that could be transformed into an effect size; and were available in English. Effect size calculations were based on random effects models.

Results. Fifty-six independent samples with 41,298 participants provided 109 estimates of effect sizes. Analyses revealed that sexual abuse disclosure was more likely when: victims were older in age (OR = 1.73; CI: 1.10-2.71) and female (OR = 1.55; CI: 1.31-1.84); perpetrators were extrafamilial in relation (OR = 1.67; CI: 1.08-2.57); abuse was less severe (OR = 1.42; CI: 1.20-1.67); and nonoffending caregivers responded supportively (OR = 1.73; CI: 1.08-2.75).

Conclusion. Younger age at assessment, male gender, close relationship with the perpetrator, more severe abuse, and unsupportive caregiver response appear to be significant impediments to sexual abuse disclosure in childhood. Important implications for forensic investigation, clinical intervention, and future research are highlighted.
The voices of young people with learning disabilities who have been sexually exploited in the UK – Unprotected and/or over protected.

Dr. Anita Franklin (Coventry University)

In the UK child sexual exploitation has received considerable attention in the last few years, with a growing body of evidence being developed. This literature points to an increased risk for children and young people with learning disabilities, yet no study has specifically focused on this group. Little is known about how best to: protect, identify or support those who are recognised as being at risk of, or experiencing, sexual exploitation.

This UK study aimed to:
- Examine current support,
- Explore the views of practitioners, managers and policymakers as to the enablers and barriers to good practice,
- Understand the needs of young people with learning disabilities and gather their views on current support,
- Identify gaps in current provision, policy and evidence.

As part of this wider study, 27 young people with learning disabilities aged 12 – 23 who had experienced, or were at risk of, sexual exploitation were interviewed using an accessible schedule. The interviews explored the support the young people had received. Although not asked directly about their experiences of exploitation, many chose to talk about this which has increased our understanding of how disabled young people come to be exploited and how they understand their exploitation.

The paper will focus on the voices of the young people who highlight how we can better protect, identify and support young people with learning disabilities from exploitation. The young people identified how they were either too overprotected, or not protected at all by the processes and structures which dominated their lives. They also shared how their need for friendships, relationships, inclusion and a sense of self-worth created vulnerabilities. The young people expressed that child-centred approaches and a trusted support worker helped them to understand exploitation and rebuild their lives. Implications for policy and practice will be explored.
Client engagement and intervention outcomes: Yes, there is a relationship and here’s what it looks like

Wednesday, 31st August - 10:15 - Parenting - Oral

Dr. James Gladstone (McMaster University), Ms. Gissele Damiani-Taraba (Brant Family and Children’s Services), Dr. Gary Dumbrill (McMaster University), Mr. Andrew Koster (Brant Family and Children’s Services), Mr. Bruce Leslie (Catholic Children’s Aid Society of Toronto), Ms. Michelle Young (Niagara Health System, Ontario)

Although client engagement is considered to be a critical aspect of almost all helping processes, there is still little known about the interactive characteristics of “engagement” and its relationship to intervention outcomes. We gathered data from 131 randomly sampled dyads composed of adult parent clients and their child welfare workers affiliated with 11 child welfare agencies in Ontario. Included in our initial findings was a statistically significant relationship between engagement and positive case outcomes (parents who were more engaged were significantly more likely to feel that their child was safer, to report positive changes in their parenting, greater satisfaction with their worker, and increased likelihood of contacting their worker in the future if needed). Other initial findings included significant relationships between the use of particular casework skills and parent engagement, casework skills and positive outcomes, parent engagement and worker engagement, and worker stress and worker engagement. The objective of this paper is to present a structural equation model which we are now developing in order to identify the path between engagement and outcome and determine the key conditions related to parent engagement and positive case outcomes. We will report on how the variables interact together to create a model of engagement. We will also discuss the implications that this model has for best practice and the “judicious” delivery of service to families.
Differentiated experiences in child custody decision-making: The parent perspective

Dr. Beth Archer-Kuhn (University of Calgary, Faculty of Social Work)

Objectives
This presentation reflects a phenomenological study with eighteen parents about their perceptions and experiences in child custody decision-making, noting the complexities and differentiated experiences; low conflict, high conflict and domestic violence. These differentiated experiences require differentiated responses, not yet reflected in Canadian legislation.

Using a critical approach, the parent voices clearly articulate their differentiated experiences and ways in which legislation impacts their experiences, allowing those without power to draw attention to those in power.

Method
This study is guided by Manen’s application of phenomenology to better understand how parents perceive or make meaning of their experiences in child custody decision-making. Convenience sampling is the sampling method. I conducted one-on-one in person interviews with participants, and followed-up with a process of member checking. I used the thematic analysis framework by Braun and Clark (2006) to analyze the data from the study.

Results
Two separate analysis; one whole participant group, and one subgroup, reveal differentiated experiences of child custody decision-making for parents in this study. A major difference in participant data across codes, categories and themes for men and women appears through a feminist lens where violence is a factor.

A critical view of the study findings and provides another understanding of the parent experience of child custody decision-making, empowering, oppressive, or both, putting into perspective their acts of resistance to structural barriers. These acts of resistance, are avenues for change and demonstrate a pathway for those with seemingly little power to challenge legislation.

Conclusions
The results from this study have implications for legislative reform that need to be reflective of parents’ differentiated experiences, separating out experiences of low conflict, high conflict and domestic violence. The study findings illuminate the tensions in Canadian child custody legislation and presumptions of shared parenting as they relate to differentiated parent experiences.
Improving the lives of children with neurodisabilities: Does parenting matter?

Wednesday, 31st August - 10:55 - Parenting - Oral

Dr. Lucyna Lach (McGill University, School of Social Work), Ms. Aline Bogossian (McGill University, School of Social Work), Ms. Sara Quirke (McGill University, Faculty of Education), Dr. David Nicholas (University of Calgary, Faculty of Social Work)

Objective: Parents of children with neurodisabilities are sometimes characterized as overprotective and anxious, thereby thwarting their child’s independence and quality of life (QoL). The objective of this study is to examine how parent mood, quality of the co-parenting relationship, and parenting behaviour impact the QoL of these children.

Method: A cross-sectional database of a clinical study, Parenting Matters!, contains information on a convenience sample of n=263 parents of children (ages 4 - 12) with various neurodevelopmental diagnoses (i.e. autism, global developmental delay). We examined a model predicting QoL using demographic, disability-related, parent health, co-parenting relationship and parenting variables. All variables were evaluated using parent-report and standardized measures; 3 separate regression analyses were conducted using ‘belonging’, ‘becoming’ and ‘being’ dimensions of QoL.

Results: All models were significant, predicting 35.9%, 21.6% and 17.4% of variance in QoL. Being female, having a lower income, having a child with lower complexity of functional impairments, having epilepsy, having better parent physical health, and parenting in a manner that reflects having comfort with separation from one’s child were associated with more positive parent evaluations of who their child was ‘becoming’. Lower income was associated with more positive parent evaluation of their child’s ‘belonging’. Lower income, lower complexity of functional impairments, lower depressive symptom scores and parenting in a manner that promoted child autonomy were associated with better parent evaluations of their child’s ‘being’. All predictors were significant at p<0.05.

Conclusions: Parent income and their perception of their health and parenting behaviours have an impact on how they evaluate their child’s quality of life. Assessment and intervention efforts should target these important areas of practice with families who are raising a child with a neurodisability.
Association between social support and child abuse potential in Japanese mothers

Wednesday, 31st August - 10:15 - Community Supports - Oral

Ms. Mayo Ono (Nagasaki University), Dr. Sumihisa Honda (Nagasaki University)

Objectives

Child abuse is a global public health problem and a serious social issue in Japan. Social support is beneficial for parents faced with childrearing challenges. The aims of this study were: 1) to clarify the association between social support and child abuse potential; and 2) to clarify the association between socio-demographic factors and child abuse potential.

Methods

A cross-sectional study was conducted in Nagasaki, Japan using a structured questionnaire. The target population was mothers of children at nine public nursery schools. Bivariate and logistic regression analyses were performed to examine the effects of socio-demographic, social support and psychological distress factors on child abuse potential.

Results

Among 309 mothers, 29 (9.4%) had a high child abuse potential score. Bivariate analysis indicated that mothers with a high child abuse potential score were more likely to be unmarried (P = 0.014), living in single-female-parent households (P = 0.009), have their husbands’ support (P < 0.001), have low perceived economic status (P < 0.001), have low educational attainment (P = 0.022), have a low Multidimensional Scale of Perceived Social Support (MSPSS) score (P < 0.001), and/or a high General Health Questionnaire-12 score (P < 0.001). Important predictors of child abuse potential among the mothers surveyed included living in single-female-parent households (odds ratio OR = 3.1, 95% confidence interval CI: 1.1 – 8.7), low perceived economic status (OR = 6.7, 95% CI: 2.2 – 20.3), and low MSPSS score (OR = 3.9, 95% CI: 1.1 – 13.8).

Conclusions

Improving social support approaches that help mothers build social support relationships and ease them into child rearing in a psychologically healthy condition is recommended to prevent child abuse.
Prevention - A Professional-Volunteer Home Visitation Model for Single Mothers to Prevent Child Abuse

Mr. Jack Tang (Hong Kong Against Child Abuse)

According to the Statistics from the Department of Hong Kong in 2011, there were 64,040 single mothers and 8.1% of them were aged below 30. Nearly 80% of these mothers were the main carers of their children. They need a lot of support to face various challenges in child rearing and child management. To support those using positive means to manage their young children and to prevent child abuse, the Hong Kong Against Child Abuse launched a project to provide volunteer home visitation for single mothers since April 2010. Volunteers are screened individually to assess their suitability to provide home visitation services. They need to receive training in areas such as children’s developmental needs and behaviours, communication skills, positive parenting and home safety knowledge.

A total of 400 volunteers complete the training. Nearly 500 single mothers and children have received home visitation services from 2010 to 2016. Most of them are recruited from the Paediatric Department and the Obstetrics and Gynaecology Department of a public hospital, integrated family service centres and non-governmental organizations. The Project provides monthly home visitation, phone contact, children’s group, parents’ group and family outing to the targeted families. Over 90% of them have improved in parenting and home safety knowledge. The mothers also reported that they would not leave their children unattended and would not use corporal punishment on their children after receiving the project services. Some mothers are empowered to share their experiences and appeal to those who have similar needs to seek help. This presentation will focus on the objectives, service model, its effectiveness and implications of the model development.
Promoting interdisciplinary and community collaboration to prevent child abuse in Kenya

Wednesday, 31st August - 10:55 - Community Supports - Oral

Mrs. Ruth N.W Njuguna (GOVERNMENT OF KENYA - NATIONAL COUNCIL FOR CHILDREN’S SERVICES)

Introduction

Objectives
The main objective of promoting interdisciplinary and community collaboration to prevent child abuse is to promote linkages between different actors and provide coordinated interventions and responses leading to provision of effective and efficient services to children.

Method
The Children Act 2001, created the National Council for Children Services (NCCS). The Council comprises of members from relevant line ministries, departments, agencies, faith based organizations, civil society and business community. Its mandate is to exercise general supervision and control over planning, financing and coordination of children rights and welfare. The same structure is replicated at the County, Sub-County and Ward levels in order to reach out to the communities.

Kenya has in place the Framework for the National Child Protection System which is a set of laws and policies that protect children from abuse and a government coordination mechanism bringing together government departments and civil society organizations.

There is the Nyumba Kumi initiative which is a form of community policing where the communities are involved in reporting child abuse cases to the relevant authorities.

There is a mobile application Vurugumapper used to report child abuse cases and at least three authorities get the report instantly.

The National Plan of Action for Children in Kenya that promotes collaborations.

Results
A strengthened Child protection system that promotes linkages between different actors and provides coordinated interventions and responses leading to provision of effective and efficient services to children.

Conclusion
Issues of Child protection are multi-disciplinary that requires the involvement of everyone.
Beach balls and other games in assessment and therapy

Wednesday, 31st August - 10:15 - Innovative Programs - Oral

Mrs. Sue Foley (The Children’s Hospital at Westmead NSW, Australia), Ms. Jenny Rose (The Children’s Hospital at Westmead)

Time to move!

This presentation will be a participative event and will demonstrate the effects of physical activity in therapy, in education groups and in family therapy. The creative and movement activities to promote trauma theories have been discussed in the work of Dan Siegel, Dr Bessel Van der Kolk, and Liana Lowenstein and many other inspiring teachers.

Use of talking therapy can be enhanced with creative activities. Use of physical activity assists in accessing complex information quickly and promotes relationships. Connection, as found in this kind of therapy is an essential part of trauma treatment.

In this presentation a sample of activities will be shared and demonstrated in this presentation.

Come and have some fun!

In this presentation a sample of activities will be shared and demonstrated in this presentation.
The PAWSitive effect of canine assisted intervention in supporting young victims of trauma and abuse

Wednesday, 31st August - 10:35 - Innovative Programs - Oral

Ms. Angela Arra-Robar (IWK)

The Canine Assisted Intervention (CAI) Program provides children and youth who are survivors of suspected abuse or maltreatment with empathy, affection, unconditional acceptance and trust before, during and after their visit with the Suspected Trauma and Abuse Response Team (START) and SeaStar Child and Youth Advocacy Centre (CYAC). There is ample evidence supporting the use of animal therapy throughout the literature. In Nova Scotia there has been significant media coverage recently regarding veterans and first responders being paired with service dogs to help manage their post-traumatic stress disorder (PTSD) symptoms.

The levels of stress and anxiety associated with attending appointments at START and the CYAC directly impacts the client’s ability to engage with providers and can negatively impact the client’s experience. Through implementing a CAI program we are able to provide emotional support, distraction and comfort to clients and caregivers. Our goal is that clients and their caregivers will engage in therapy/interviews/medical exams more readily.

Adding CAI to START and the SeaStar CYAC to address the needs of children and youth who are survivors of trauma and abuse is a natural match. During the dog’s visits, clients learn about boundaries, respect, trust and socially acceptable behaviours. Clients and caregivers alike benefit from interacting with the dogs and their handlers as they learn about the different types of service dogs, how to approach dogs, and teaching the dogs new tricks.

This workshop will review the different types of working dogs; provide an overview of program development, implementation and evaluation strategies, policy, financial and long-term commitment considerations for implementing a CAI program. We will share our evaluation tools, client experiences and outcomes data, describe the successes of programs such as ours across Canada, provide tips for getting started and demonstrate the importance of incorporating child and youth friendly elements in your program.
**Why family matters to me. Findings from digital story-telling in 8 countries**

Wednesday, 31st August - 10:55 - Innovative Programs - Oral

Ms. Latika Singh (Butterflies), Ms. Emily Delap (Family for Every Child)

In this paper, we examine what the family means to children and adults in 8 countries using evidence from 59 short films made using the digital storytelling (DST) technique, and discuss the value of DST for work on child care and protection, focusing in particular on the use of DST in India. DST uses storytelling methods to gain deep insights into feelings and experiences. Participants then create individual stories about aspects of their own lives using still images and sound.

The films suggest a number of country specific preoccupations that affect certain groups of children. This suggests that all policy makers must make efforts to understand the particular needs of children in their contexts and to shape responses based on these perspectives. However, the films also reveal some more generic issues which apply to children across all of the contexts. For example, the films illustrate the importance of families for meeting children’s material and non-material needs, and the need for proper investments in families. The films show how children’s needs can be met in a range of family types, and how abuse and neglect can also occur within all forms of family, suggesting that legislation and support for families must recognises the validity of different family types. The films also illustrate a strong link between education and care.

The films highlight the importance of listening to children to both inform policy change and identify individual support needs. They show how DST can be used to gain deep unique insights into children’s lives. The experience of eight national NGOs in Europe, Africa, Asia and Latin America show DST can be an effective tool for advocacy, awareness raising and case management, with DST representing a fresh, innovative approach which makes audiences listen and think in a way that the written word cannot.
Violence against boys: What gives?

Wednesday, 31st August - 10:15 - Look More Closely at the Children - Oral

Prof. Laurie Serquina Ramiro (University of the Philippines Manila), Dr. Bernadette Madrid (Child Protection Network Foundation Inc.), Dr. Sarah Staal (UNICEF)

Background: Traditionally, global efforts to curb violence in various settings provide support to the female population at risk. A national study on violence against children in 2015 showed that the prevalence of violence against Filipino boys aged 13-24 years was higher than girls. In the Philippine culture, male victimization, specifically with regard to sexual violence is not yet a well-accepted phenomenon, mainly because of some cultural values that include the notion of machismo.

Objectives: This paper focuses on the results of a follow-up phenomenological study that aimed to obtain information on the lived experiences of young males who were victims of interpersonal violence at home, in school, in the community and during dating.

Methods: Key informant interviews were conducted with experts. Focus group discussions were participated in by groups of males classified by age, educational status and gender. From these groups, a selected number were interviewed indepth interviews.

Results: Respondents agreed that boys are vulnerable to sexual abuse. Perpetrators of sexual abuse varied: from gays to older women and girlfriends. Family members can also perpetrate the abuse but majority mentioned strangers, neighbors and community leaders. Unwanted touching was most common, although more serious sexual assaults happen either through physical means, verbal insistence or threats, drunkenness and bribery. There were cases when the encounter was initially consensual but became abusive, and vice versa.

Discussion: The analysis emphasized the need to look at sexual abuse among boys as a matter of differential masculinities that make some more vulnerable. It also provided insights on the changing social norms on sexuality and sexual behavior among young people as influenced by advancement in technology, migration, and global liberalism on sexual matters.

Conclusion: Indeed, young males are vulnerable to any form of sexual violence. Programs must be instituted to protect and ensure their health and safety.
Defining maltreatment in practice: How child welfare workers respond to allegations of child exposure to domestic violence

Wednesday, 31st August - 10:35 - Look More Closely at the Children - Oral

Prof. Colleen Henry (Hunter College, City University of New York)

Over the last three decades new research in the fields of psychology, neuroscience, and medicine, combined with shifting social norms, have brought increased attention to the issue of child exposure to domestic violence (CEDV) in United States. Studies find that children exposed to domestic violence exhibit higher rates of emotional, behavioral, and physical problems than their non-exposed peers. These findings have led some advocates and policymakers to conclude that CEDV is a form of child maltreatment that requires public intervention. However, few states have defined CEDV as a type of maltreatment in law and little is known about how child welfare workers respond to allegations of CEDV in practice. While past studies have documented the co-occurrence of domestic violence and child maltreatment among child welfare involved families, this paper examines the possibility that CEDV itself might prompt an initial child welfare investigation and may, at times, be construed by workers as a type of child maltreatment.

Through analysis of case records and administrative data, this paper examines one child welfare agency’s response to investigated referrals that allege CEDV. A random sample (n=295) of case records for all households referred to and investigated by the agency between July 1, 2011 and June 30, 2012 were reviewed for indications of CEDV. Examination of these data found that CEDV was a frequent experience among households referred to and investigated by this agency. Seventeen percent (n=51) of investigated households in the sample indicated CEDV at the time of investigation and for ten percent (n= 31) of households, CEDV was the only reason indicated for referral. Of the 31 households referred for CEDV alone, nine were substantiated for maltreatment. These findings suggest that workers sometimes construe CEDV as a type of maltreatment in the absence of other allegations. Implications for policy and practice are discussed.
Quality assurance: Honouring the voices of children and families in child welfare

Wednesday, 31st August - 10:55 - Look More Closely at the Children - Oral

Dr. Gayla Rogers (University of Calgary), Mr. Robert Hopkins (Child & Family Services Council for Quality Assurance, Government of Alberta), Ms. Tara Hanson (The Alberta Centre for Child Family and Community Research)

The Alberta Child and Family Services Council for Quality Assurance (CQA) is one quality assurance mechanism to promoting continuous improvements within Human Services. The Council is mandated under the Child, Youth and Family Enhancement Act to make recommendations to improve the child intervention system (Section 105.73). The CQA recognized the need for people receiving child intervention services to have a stronger voice in the evaluation of programs and services that impact them.

As a result, the Child Intervention Service Quality Framework (SQF) was designed to strengthen the voices of clients and caregivers in the child intervention system. The Framework is based on the clients’ perspective and was created collaboratively with the ministry, the Alberta Centre for Child, Family and Community Research, and the CQA. The Framework provides a lens to promote and assess service quality and system improvement.

The primary focus of developing the SQF was engaging with children, families and communities to understand how they describe quality services delivered by the ministry (Child & Family Services). The SQF provides a quality assurance perspective that did not previously exist; evidence-based research representing the clients’ voice in the Alberta child intervention system. In combination with other quality assurance mechanisms, the clients’ perspective can now be incorporated as a lens to evaluate the quality of programs and services that are delivered in child intervention.

This presentation will describe how the SQF was developed (a highly participatory and iterative process based on foundational research); the working definition of ‘quality’ in the Child Intervention system that emerged; and, the actual framework with its seven elements and visual representation.
Combating sexual exploitation of children in South Africa

Wednesday, 31st August - 10:15 - Trafficking and Sexual Abuse - Oral

Dr. Bennycharles Obayi (Child Welfare South Africa), Mr. Peter John Cloete (Child Welfare South Africa)

Despite the growing trend in commercial sexual exploitation of children (CSEC) in South Africa, however, it is difficult to obtain relevant data or actual figures on the scale of the challenge due to the lack of studies or comprehensive research into the prevalence or patterns of sexual exploitation of children. Furthermore, there are limited specific services for trafficked or sexually exploited children in the country. Often, children found in prostitution are ignored, sent to places of safety, detained or returned to their homes without adequate care.

The Multi-sectoral Stakeholder Coalition to Combat Sexual Exploitation of Children is a partnership between Child Welfare South Africa (CWSA) and ECPAT International to build strong, sustainable and effective national coalitions in South Africa. The five-year project, which started in 2016, aims to enhance data collation at community levels, build the capacity of the stakeholders in the sector, engage in comprehensive studies to determine the scale and extent of CSEC in the country and provide direct services to victims of sexual exploitation.

The unique feature of the project is that it combines advocacy and policy reviews with action research and systems strengthening by building the capacity of over 151 member organisations of CWSA, as well as other child protection agencies in the country to engage in advocacy and awareness to hold key agencies accountable for services, ensures enhanced data collation on an on-going basis on CSEC as well as ensures services are provided to victims.

The project identified that continuing as things have always been will not deliver the kind of support required to achieve the protection of victims of sexual exploitation. The critical element is that it involves all the stakeholders, including civil society, academia, government agencies and law enforcement to assume their role in the fight to protect children.
A meta-analysis on the prevalence of online sexual offenses experienced by children

Dr. Vanessa Villani (The Hospital for Sick Children), Ms. Ramandeep Sran (The Hospital for Sick Children), Ms. S. Kathleen Hughes (The Hospital for Sick Children), Dr. Jasmine Eliav (The Hospital for Sick Children), Dr. Sheri Madigan (The Hospital for Sick Children & The University of Calgary)

BACKGROUND: There have been increasing reports of internet related offenses with regard to solicitation and exploitation of children (Child Exploitation and Online Protection Centre CEOP, 2010; Kloess, Beech & Harkins, 2014). However, the prevalence of such offenses, which include online/internet sexual grooming, exploitation, solicitation, and/or contact with children aged 0-18, vary widely, likely a result of between-study heterogeneity due to sample and methodological variation. Meta-analyses are the best method in developmental science for resolving discrepancies in the literature, and for testing under which conditions prevalence rates are particularly strong, which can in turn lead to the development of the most relevant and targeted interventions. OBJECTIVES: We will conduct a meta-analysis to determine the prevalence of online sexual offenses experienced by children. METHOD: We conducted a comprehensive literature search of abstracts in several databases (e.g., PsycInfo), resulting in 917 non-duplicate abstracts. A set of inclusion criteria and a data extraction form were created, with possible moderators to consider (i.e., child age). RESULTS: Preliminary analyses revealed that the mean prevalence rates of unwanted online sexual contact across several prevalence studies that included 7,696 participants was 21.2%. That is, 21.2% of children report that they have been exposed to unwanted sexual material and/or messages with sexual content while online. Between-study heterogeneity was identified and child age emerged as a significant moderator: prevalence rate decreased as child age increased. CONCLUSIONS: Given this large rate of exposure, online sexual offenses should be considered a prevalent issue. Further research on the impact of exposure on children’s safety and well-being, as well as predictors of risks for escalation toward offline sexual offenses, is needed. The moderator analyses suggest that younger children are more susceptible to online sexual content exposure and thus, prevention and intervention efforts should target this age group.
Prevalence of sexual abuse among secondary school students in Saudi Arabia

Wednesday, 31st August - 10:55 - Trafficking and Sexual Abuse - Oral

Dr. Majid Al-eissa (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Hassan Saleheen (King Abdulaziz Medical City, Ministry of National Guard Health Affairs), Dr. Maha Almuneef (King Abdulaziz Medical City, Ministry of National Guard Health Affairs)

Objectives: Child sexual abuse is a public health problem that has been found to be linked to negative health outcomes. Unreported or untreated cases not only scar the children and destroy the families but also leave the perpetrators free to abuse in future. The aim of this study is to examine the prevalence of sexual abuse among secondary school students and to identify the perpetrators of sexual abuse.

Methods: A cross-sectional, national survey utilizing ISPCAN Child Abuse Screening Tool Children’s Version (ICAST-CH), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in secondary schools in the five main regions of Saudi Arabia. Boys and girls, public and private schools were selected to participate. Students (N=16,010) aged 15-18 years were invited to complete the survey.

Results: Participant’s mean age 16.8±0.9 years, and 51% boys. Eighty one percent lived with both-parents, 6.2% with single parent, and 2.5% with step-parent. Sixteen percent of the participants reported being any type of sexual abused during their lives and boys experienced significantly higher rates of sexual abuse compared to girls (p<0.01). More than a quarter (26%) of the abused participants reported that they were forced to have sexual intercourse. Fifty eight percent of the perpetrators were reported to be adult and 63% were well known by the victims. Forceful sexual intercourse by the adult perpetrators were found to be higher among girls (p<0.01). In terms of living arrangement, forceful sexual intercourse was found to be higher when participants lived with their step-parent and extended family (p<0.05).

Conclusions: Early intervention programs are required to break the cycle of exploitation and abuse that children experienced within the family. Without proper intervention, children might be at risk of future exploitation and re-victimization.
Mitigating the risk of child abuse and neglect with a two-generation program: Enhancing parenting and promoting early child development

Wednesday, 31st August - 10:15 - Family Programs - Oral

Ms. Carla Ginn (University of Calgary), Dr. M. Kashif Mughal (University of Calgary), Mr. Robert Perry (CUPS), Dr. Karen Benzies (University of Calgary)

Objectives:
Child maltreatment has detrimental effects on children’s emotional and behavioral development, and can cycle through generations, destroying families and societies. The Nurturing Parenting Program aims to reduce the incidence of intergenerational abuse and neglect for children in high risk populations. The Nurturing Parenting Program can be used with: (a) families in need of treatment for child abuse and/or neglect; (b) families high-risk for child abuse and/or neglect; and (c) families seeking to improve their parenting skills. Parents are provided with opportunities to strengthen parenting skills and develop more nurturing patterns in order to support development of family strength and resilience.

Methods:
Between April 2014 and March 2015, 54 low-income families completed the 16-week Nurturing Parenting Program in a community setting in Western Canada. Parental risk for child abuse was measured using the Adult-Adolescent Parenting Inventory-2nd edition (AAPI-2), parenting skills were measured using the Nurturing Skills Competency Scale (NSCS), and child development was measured using the Ages and Stages Questionnaires-3rd edition (ASQ-3). Paired sample t-tests were used to compare pretest and posttest scores on measures of parental risk for child abuse, and on parenting skills. Child development was measured across five domains, including Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social.

Results:
The mean age of mothers was 33 years (range 20 - 51) and 45% of them were partnered. More than 40% experienced abuse inside or outside their homes as children. The mean age of children was 12.4 months (range 2 - 34). Following completion of the program, parents demonstrated statistically significant decreases in risk for child abuse and increases in parenting skills. ASQ-3 scores also showed statically significant differences in all domains except Communication.

Conclusions:
The Nurturing Parenting Program decreased the risk for child maltreatment, improved parenting skills, and positively affected child development in these low-income families.
Putting the horse before the cart? Negotiating tensions between the need for evidence and the demand for dissemination of parenting programs to reduce violence against children in low- and middle-income countries.

Mr. Jamie Lachman (University of Oxford), Dr. Jenny Doubt (University of Oxford), Dr. Franziska Meinck (University of Oxford), Prof. Lucie Cluver (University of Oxford), Prof. Catherine Ward (University of Cape Town), Prof. Mark Tomlinson (University of Stellenbosch), Prof. Judy Hutchings (University of Bangor), Ms. Inge Wessels (University of Cape Town), Dr. Chris Mikton (World Health Organization), Prof. Peter Cooper (University of Reading), Prof. Lynne Murray (University of Reading), Prof. Frances Gardner (University of Oxford), Ms. Heidi Loening (UNICEF)

Objectives: Parenting programs have shown promise in preventing violence against children, as well as improving child and parental outcomes. Accordingly, there is an increased demand for the dissemination of evidence-based parenting programs by international agencies such as the World Health Organization, as well as a need for governments to rapidly scale up effective interventions through existing and emerging child protection services. However, few parenting programs are both evidence-based and affordable for low- and middle-income countries, and can therefore meet this demand for dissemination and scale-up.

Methods: This paper examines the tension between the establishing rigorous evidence of effectiveness with the urgent need for the dissemination of parenting programs to reduce violence against children in low- and middle-income countries. It uses interviews with implementing partners and policymakers, and draws on Parenting for Lifelong Health’s experience of developing evidence-based parenting programs in multiple countries and contexts.

Results: This paper presents four challenges facing researchers, policy makers, and practitioners: First, establishing evidence requires substantial time and resources to meet international standards of effectiveness such as the Blueprints criteria. Second, international and local implementing agencies often require lower thresholds for evidence before taking programs to scale. Third, implementation across contexts may require considerable adaptation to fit local cultures and delivery systems, as well as additional research to establish evidence in new contexts. Fourth, maintaining program fidelity requires the development of systems to support training and accreditation for service providers, and monitor implementation at scale.

Conclusion: Parenting for Lifelong Health advocates a pragmatic approach to balance the need for high-quality evidence and implementation with the current global demand for parenting interventions to reduce child abuse. Policy makers and researchers would benefit from adopting a middle-way that uses wide-scale implementation as an opportunity to build evidence of effectiveness while concurrently dissemination occurs in multiple countries.
**Early intervention in families from at-risk groups**

Ms. Renata Szredzinska (Empowering Children Foundation)

The presentation will focus on “Good Parent - Good Start” early prevention programme, developed by the Nobody’s Children Foundation with the support from the City Hall of Warsaw, Poland. It is the first Polish programme aimed at preventing the abuse and neglect of the youngest children (under 6) through supporting their parents/caregivers in parenting without violence – by offering them free access to educational resources and support services.

The programme is based on interdisciplinary cooperation with local authorities, welfare services, medical staff, day-nurseries, probation officers, kindergartens, NGOs.

The programme works at 3 different levels:

1) Information and promotion of positive parenting,

2) Identification of parents at risk,

3) Need-tailored support to family.

The presentation will address the functioning of the programme, modifications introduced, quality standards adopted and lessons learned from evaluation.

More information on Nobody’s Children Foundation may be found at: http://fdn.pl/en
An analysis of intentionally false reports of child sexual abuse in the U.S.

Wednesday, 31st August - 10:15 - Sexual Violence and Child Protection - Oral

Dr. John Kesner (College of Education and Human Development at Georgia State University)

Among the millions of child maltreatment reports made to child protective services across the U.S., a small percentage are made by individuals who knowingly submit a false report. Particularly egregious are intentionally false reports of child sexual abuse (CSA).

The purpose of this paper is to describe an analysis of intentionally false reports of CSA made in the US between the years 2005-2010. Good faith and intentionally false reports of CSA were compared on the percentage of CSA reports in each group, demographic variables of the alleged child victim and the report source.

Initial comparisons revealed that the rate of reports of CSA in the intentionally false reports group was nearly double the number of reports of sexual abuse made in the good faith reports group. Slightly more males and fewer females were involved in false reports of CSA. Children involved in intentionally false reports were slightly younger than those in good faith reports. Fewer African American and more White children were involved in false reports of CSA. There were fewer Hispanic children involved in false reports of CSA. Additionally, children involved in false reports of CSA were less likely to have been prior victims of maltreatment.

Additional analyses indicated that although the majority of false reports of CSA came from non-mandated reporters, forty-three percent of intentionally false reports of CSA came from professionals legally mandated to report suspected child maltreatment.

Although these data cannot be construed as representative of all intentionally false reports made in the US each year, these results raise some serious issues. Questions about the nearly double rate CSA in intentionally false reports compared to reports made in good faith, and the finding that nearly half came from legally mandated reporters, should be the focus of future research.
The long-term child protection service trajectories of First Nations children in Quebec

Ms. Mireille De La Sablonnière-Griffin (McGill University, School of Social Work), Dr. vannda sinh (McGill University, School of Social Work), Dr. Tonino Esposito (Université de Montréal), Dr. Nico Trocme (McGill University, School of Social Work), Mr. richard gray (First Nations of Quebec and Labrador Health and Social Services Commission)

Objectives:
This presentation documents the long-term child protection service trajectories of on and off-reserve First Nations children living in Quebec, by reporting rates of children who experienced key investigation and post-investigation interventions within the last decade. The interventions documented include: substantiation, ongoing services, court-ordered measures, youth criminal justice involvement, out-of-home care, entrustments, placement change, family reunification, time in care and recurrence of maltreatment.

Method:
Secondary clinical-administrative child protection data drawn from the “Gestion fondée sur les indicateurs de suivi clinique” project dataset, consisting of data from 16 mandated mainstream and 16 delegated First Nations agencies, served to document the service trajectories of children investigated by child protection. Children (n = 151,034) were tracked for 3 years following investigation and placement, and for 1 year following case closure. A collaborative committee composed of representatives from the First Nations of Quebec and Labrador Health and Social Services Commission, the Quebec Ministry of Health and Social Services, the mandated mainstream agencies, the Institut national d’excellence en santé et en services sociaux, and university researchers were responsible for the realization of this project.

Results:
The longitudinal follow-up suggests that both on and off-reserve First Nations children were overrepresented in a sustained fashion, with growing disparity for entrustments and recurrence over time. While First Nations children population rate for out-of-home care was 7.4 times greater than for non-Aboriginal children, a higher proportion of First Nations children less than 14 years were reunified with their families within the 3-year tracking period. In addition the average cumulative time in care before reunification was shorter for First Nations children across age groups.

Conclusions:
The longitudinal follow-up component of this analysis confirms that the overrepresentation of First Nations children is consistent over time and throughout the child protection service continuum.
Sexual violence in Haiti after the earthquake: Results from the violence against children survey, 2012

Wednesday, 31st August - 10:55 - Sexual Violence and Child Protection - Oral

Dr. Leah Gilbert (Centers for Disease Control and Prevention)

Introduction: Sexual violence (SV) is of particular concern for displaced persons during complex humanitarian emergencies.

Objectives: To determine if Haitian youth aged 13-24 who were displaced and/or living in camps due to the 2010 earthquake had a higher likelihood of experiencing SV after the earthquake.

Methods: The Violence Against Children Survey was a nationally representative, cross-sectional household survey conducted May–June 2012 in Haiti and used a stratified multi-stage cluster design including households and camps containing displaced persons from the 2010 earthquake. Youth aged 13–24 (n = 2,916) were interviewed to assess exposure to SV, if they had been displaced by the earthquake and/or if they lived in a camp. Adjusted prevalence ratios were calculated using multivariate logistic regression comparing the prevalence of experiencing post-earthquake sexual violence amongst displaced persons and those residing in a camp compared to those non-displaced and having never lived in a camp. Control variables included those predictive of experiencing SV and being displaced/living in a camp.

Results: Females who were displaced (but not to a camp) did not experience more post-earthquake sexual violence (PQSV) Adjusted Prevalence Ratio (APR) 1.10 (95% CI 0.85-1.43) compared to non-displaced females. However, females residing in camps had a higher likelihood of PQSV compared to non-displaced females APR 1.31 (95% CI 1.06-1.61). Displacement had a protective effect for males, who had a lesser likelihood of experiencing PQSV compared to non-displaced males APR 0.67 (95% CI 0.48-0.93). There was however no significant difference in PQSV for males living in camps compared to non-displaced males 1.05 (95% CI 0.75-1.47).

Conclusions: Females living in camps had a higher prevalence of experiencing post-earthquake sexual violence highlighting the importance of improving camp safety. The fact that displacement was protective for males demonstrates the importance of contextual factors in understanding sexual violence after complex humanitarian emergencies.
Longitudinal qualitative study of the risk and protective factors for South African children orphan due to AIDS–Related illness

Wednesday, 31st August - 10:15 - Epidemiological Studies in Child Welfare - Oral

Dr. Christine Black-Hughes (Minnesota State University, Mankato), Ms. Tiffany Breckenridge (Mayo Health Center), Dr. John Victor Rautenbach (University of Fort Hare)

In 2014, 2.3 million children were orphaned due to Acquired Immune Deficiency Syndrome (AIDS)-related illness (South Africa Department of Human Development Fact Sheet, 2015). Still, there is limited information on the emotional and behavioral problems that AIDS-orphaned children experience. In 2011 in the Eastern Cape, South Africa, a Non-government organization (NGO) provided multilayered interventions with forty-nine orphans, which nearly half were orphaned due to parental AIDS. Group observations of the children’s behaviors and emotions were observed and recorded by the NGO staff over a four-month period. This qualitative archival data was analyzed. In 2015, thirty-six of the forty-nine caregivers were interviewed regarding the children’s behavioral adjustment within the community since 2011. Further, NGO staff whom interacted with the children weekly were interviewed to provide multiple perspectives of the children’s adjustment. The literature supports the argument that parental death related to HIV/AIDS has a greater impact on the children’s psychosocial development. Cluver, Orkin, Garner, and Boyes (2012), discovered orphaned children, as a result of parental death due to AIDS, had higher rates of depression, post-traumatic stress disorder (PTSD), and anxiety compared to children who were not orphaned or children orphaned due to other factors other than AIDS. The two studies identified multiple themes, which included child bereavement of parent’s absence, ongoing mood changes, and increased need and desire for physical or tactical attention. As the children age, environmental factors such as poverty, deficits in educational systems, and lack of healthily recreational opportunities increased risk factors to all the children equally. However, these studies demonstrated that with multilayered interventions children orphaned due to parental AIDS had a similar behavioral and emotional adjustment as the children orphaned due to other causes. This suggests that children who receive interventions may increase protective factors resulting in enhanced child well-being and psychosocial development.
First hospital based child protection unit in Pakistan – Data review of first 5 years

Dr. Naeem Zafar (Protection and Help of Children Against Abuse and Neglect (PAHCHAAN)), Dr. Mahrukh Khalid (Protection and Help of Children Against Abuse and Neglect (PAHCHAAN)), Ms. Mehek Naeem (Protection and Help of Children Against Abuse and Neglect (PAHCHAAN))

Pakistan’s first child protection unit was established in 2009 after 4 years of voluntary work by a Hospital Based Child Protection Committee at The Children Hospital. It received technical and indirect financial support from ISPCAN and has sustained till now despite numerous challenges. This model of Hospital based Child Protection manages and reports CAN cases providing them with medical, surgical, psychological management, social support and legal help.

During the five year period from 2009-2013, this CPU has managed 947 case of CAN including 675 cases of severe neglect, 154 physical abuse, 67 sexual abuse, 28 severe emotional trauma. There were 17 babies abandoned either immediately after birth or later parental inability to cope with their chronic ailments. This data is analyzed for cases managed in this unit comparing age and sex for the types of abuse, suspected perpetrator, geographical distribution of cases and their detection through emergency, wards or OPD.

Child protection has been incorporated in the curriculum of Children Hospital Nursing School and CPU has trained more than 500 doctors and nurses on managing abused cases.

This paper will also discuss the achievements and challenges faced by PAHCHAAN, an NGO, the initiative being owned by the Government and the process being ready for replication throughout the health care system of Pakistan.
Child maltreatment of children with disabilities in South Korea

Prof. Yu-Ri Kim (Ewha Womans University), Dr. Bogcheon Choi (Korea Institute for Health and Social Affairs)

Objectives
The present study examined the extent and characteristics of child maltreatment among children with disabilities in South Korea.

Method
Data were obtained from reviewing and analyzing 256 case files maintained by the Korean National Child Protection Agency (KNCPA). Case files maintained by the KNCPA were initially extensively examined to determine types of information available in the records and variables extractable from the files. The data extraction form was then constructed to extract from the case files both quantitative and qualitative information regarding child victims and perpetrators. The data extraction form consisted of four sections measuring child victims' characteristics, perpetrator characteristics, report source, and interventions. Quantitative data extracted from the case files were analyzed by using descriptive statistics. Further analyses were performed to explore the child maltreatment by various demographic factors (chi-square test).

Results
Results of this study showed that 4% of a total national sample of children who were victims of maltreatment had an identified disability and the rate was about 1.5 times higher than that in a Korean children population. In addition, the high rate of child maltreatment occurred among girls with disabilities or children with disabilities aged 7-12 years. Most perpetrators were biological parents who tended to be poor and less education. The great majority of child victims continued to stay their homes but only 18.4% of the victims received services or therapeutic interventions.

Conclusions
The present study documents the current circumstances of child maltreatment of children with disabilities in South Korea. Its results have important implications for prevention and intervention for South Korea as well as Asian societies which share similar cultural heritage and rapid social and economic changes. It also contributes to the international campaign against child maltreatment by providing a cross-cultural perspective and information on child maltreatment among children with disabilities.
“Positive parenting” is flagged in a number of international initiatives to prevent violence against children. However, the concept does not have a common understanding among professionals working with families. For some the focus is on the use of alternate strategies to corporal punishment, for others the concept has a far broader meaning. The ISPCAN Thinking Space has focused its biennial research (2015 -2016) on canvassing global understandings of the concept and its application in work with families, particularly in the context of violence prevention. This workshop will report on the findings of this research and invite participant views on both the concept and its application in practice.
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