

ABUSE RESEARCH

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Child Abuse

Miller TR, Steinbeigle R, Lawrence BA, et. al.

Lifetime Cost of Abusive Head Trauma at Ages 0-4, USA.

Prev Sci. 2018 Aug;19(6):695-704. PMID: [28685210](#)

“When a child survives AHT [abusive head trauma], providers and caregivers can anticipate a lifetime of potentially costly and life-threatening care needs...cost of an AHT averages \$5.7 million for a death...\$2.6 million for a surviving AHT victim. The estimated 4824 incident AHT cases in 2010 had an estimated lifetime cost of \$13.5 billion including \$257 million for medical care, \$552 million for special education, \$322 million for child protective services/criminal justice, \$2.0 billion for lost work, and \$10.3 billion for lost quality of life.”

Letourneau EJ, Brown DS, Fang X, Hassan A, Mercy JA.

The economic burden of child sexual abuse in the United States.

Child Abuse Negl. 2018 May;79:413-422. PMID: [29533869](#)

“Costs of CSA were measured from the societal perspective and include health care costs, productivity losses, child welfare costs, violence/crime costs, special education costs, and suicide death costs...Estimating 20 new cases of fatal and 40,387 new substantiated cases of nonfatal CSA that occurred in 2015, the lifetime economic burden of CSA is approximately \$9.3 billion...The availability of accurate, up-to-date estimates should contribute to policy analysis, facilitate comparisons with other public health problems, and support future economic evaluations of CSA-specific policy and practice.”

Palusci VJ; Council on Child Abuse and Neglect, Kay AJ, et. al. **Identifying Child Abuse Fatalities During Infancy.**

Pediatrics. 2019 Sep;144(3). pii: e20192076. PMID: [31451610](#)

“When a healthy infant dies suddenly and unexpectedly, it is critical to correctly determine if the death was caused by child abuse or neglect. Sudden unexpected infant deaths should be comprehensively investigated, ancillary tests and

forensic procedures should be used to more-accurately identify the cause of death, and parents deserve to be approached in a non-accusatory manner during the investigation.”

Livingston JK, Grigorian A, Kuza CM, et. al.

Non-accidental trauma increases length of stay and mortality in pediatric trauma.

Pediatr Surg Int. 2019 Jul;35(7):779-784. PMID: [31076869](#)

More than ½ million children experience non-accidental trauma (NAT) annually in the US. Using national data, pediatric patients presenting with NAT were younger (3 vs. 9 years), had a higher mortality rate (10.3% vs. 0.8%), and had a prolonged hospital and ICU length of stay, even after adjusting for injury severity.

Rao R, Browne D, Lunt B, Perry D, Reed P, Kelly P.

Radiation doses in diagnostic imaging for suspected physical abuse.

Arch Dis Child. 2019 Sep;104(9):863-868. PMID: [30995983](#)

Actual radiation dose delivered by imaging techniques commonly used in suspected child physical abuse patients at an Australian Children’s Hospital were measured. A skeletal survey delivers a low effective radiation dose equivalent to approximately 1 month of background radiation. Non-contrast CT head scan or radionuclide bone imaging delivers approximately 1 year of background radiation. “This information should be considered when gaining informed consent and incorporated into patient education handouts.”

Knöfler R, Streif W, Watzler-Herberth I, Hahn G, Schmidt U.

Child Abuse or Bleeding Disorder-An Interdisciplinary Approach.

Hamostaseologie. 2019 Feb;39(1):28-35. PMID: [30682730](#)

Good review article with tables of diagnoses, pictures, and checklists for a medical workup.

Zhang L, Zhang D, Sun Y.

Adverse Childhood Experiences and Early Pubertal Timing Among Girls: A Meta-Analysis.

Int J Environ Res Public Health. 2019 Aug 13;16(16). pii: E2887. PMID: [31412531](#)

In a research review, not total ACEs, but father absence, sexual abuse, and family dysfunction were associated with small to medium effect on early onset of puberty among girls.

Garrett E, Doherty A, Hann G.

Harmful sexual behaviour among children and young people: NICE guideline 2016.

Arch Dis Child Educ Pract Ed. 2018 Jun;103(3):141-145. PMID: [28971832](#)

Use of 4 different age group UK guidelines for recognition and management of harmful sexual behavior among children.

SEXUAL BEHAVIOURS

●●● TRAFFIC LIGHT TOOL



www.brook.org.uk

Behaviours: age 5 to 9 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Amber behaviours

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Red behaviours

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

What is green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What is red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Rajan S, Branas CC, Myers D, Agrawal N.

Youth exposure to violence involving a gun: evidence for adverse childhood experience classification.

J Behav Med. 2019 Aug;42(4):646-657. PMID: [31367930](#)

“Our findings provide evidence that youth gun violence exposure should be classified as an ACE. In addition to increasing access to resources for youth affected by gun violence, these findings may improve the likelihood of funding and research into gun violence, with direct implications for prevention and intervention efforts.”

Hambrick EP, Brawner TW, Perry BD.

Timing of Early-Life Stress and the Development of Brain-Related Capacities.

Front Behav Neurosci. 2019 Aug 6;13:183. PMID: [31447660](#)

Detailed study of 2155 children, looking at the timing and type of early childhood abuse, and current functioning in 32 brain-related domains such as sleep, impulsivity, and empathy.

Ryan JP, Jacob BA, Gross M, Perron BE, Moore A, Ferguson S.
Early Exposure to Child Maltreatment and Academic Outcomes.

Child Maltreat. 2018 Nov;23(4):365-375. PMID: [30037281](#)

For Michigan's public school 3rd graders, 18% (and in some school districts 50%) of students were involved with a formal CPS investigation. “Children associated with maltreatment investigations scored significantly lower on standardized math and reading tests, were more likely to be identified as needing special education, and were more likely to be held back at least one grade.”

Adult Manifestations of Child Abuse

Amemiya A, Fujiwara T, Shirai K, et. al.

Association between adverse childhood experiences and adult diseases in older adults: a comparative cross-sectional study in Japan and Finland.

BMJ Open. 2019 Aug 24;9(8):e024609. PMID: [31446402](#)

Comparing data from public health studies in Japan and Finland, 50% of Japanese and 37% of Finnish participants reported at least one measured ACE. Increasing number of ACEs was associated with prevalence of poor self-reported health, cancer, heart disease or stroke, diabetes, current smoking, and increased body mass index in both countries. "This international comparative study suggests that the impact of ACEs on health is noteworthy and consistent across cultural and social environments."

Childhood Trauma and Lifetime Traumatic Brain Injury Among Individuals Who Are Homeless.

J Head Trauma Rehabil. 2018 May/Jun;33(3):185-190. PMID: [28520660](#)

Of 500 homeless adults from 3 cities in British Columbia, 63.6% reported a history of traumatic brain injury (TBI), and 87.7% childhood maltreatment. After adjustment, 4+ types of childhood trauma, childhood emotional abuse, and childhood physical abuse were significantly associated with history of TBI.

Allen H, Wright BJ, Vartanian K, Dulacki K, Li HF.

Examining the Prevalence of Adverse Childhood Experiences and Associated Cardiovascular Disease Risk Factors Among Low-Income Uninsured Adults.

Circ Cardiovasc Qual Outcomes. 2019 Sep;12(9):e004391. PMID: [31450964](#)

For a group of 12,229 low-income, nonelderly uninsured adults in Oregon, ACE scores were high, with 40% of women and 30% of men reporting 4+ ACEs. ACEs were statistically associated with higher rates of cardiovascular risk factors of obesity, smoking, and physical inactivity.

Roberts AL, Liew Z, Lyall K, Ascherio A, Weisskopf MG.

Association of Maternal Exposure to Childhood Abuse With Elevated Risk for Attention Deficit Hyperactivity Disorder in Offspring.

Am J Epidemiol. 2018 Sep 1;187(9):1896-1906. PMID: [29762636](#)

Using data from the Nurses' Health Study II and controlling for 10 adverse perinatal circumstances

such as prematurity or smoking, plus socioeconomic factors, maternal exposure to abuse in childhood was associated with greater prevalence of ADHD in their children.

Adolescents

Jain S, Cohen AK, Paglisotti T, et. al.

School climate and physical adolescent relationship abuse: Differences by sex, socioeconomic status, and bullying.

J Adolesc. 2018 Jul;66:71-82. PMID: [29783104](#)

From surveys of 9th and 11th grade California students, "Over 11% of students reported experiencing physical ARA [adolescent relationship abuse] in the last year. Increased school connectedness, meaningful opportunities for participation, perceived safety, and caring relationships with adults at school were each significantly associated with lower odds of physical ARA. Increased violence victimization and school-level bullying victimization were associated with higher odds of physical ARA."

You DS, Albu S, Lisenbardt H, Meagher MW.

Cumulative Childhood Adversity as a Risk Factor for Common Chronic Pain Conditions in Young Adults.

Pain Med. 2019 Mar 1;20(3):486-494. PMID: [30011037](#)

From a study of 3,073 undergraduates, 72% female, mean age 18.8 years, cumulative childhood adverse events was a 1.2 – 1.3 fold increased risk factor for chronic pain conditions (any chronic pain, back pain, headache, and menstrual cramps).

Domestic Violence – Effects on Children

Wang AY, Pannell M.

Understanding and managing intimate partner violence in the pediatric primary care setting: a review.

Curr Opin Pediatr. 2019 Oct;31(5):683-690. PMID: [31464765](#)

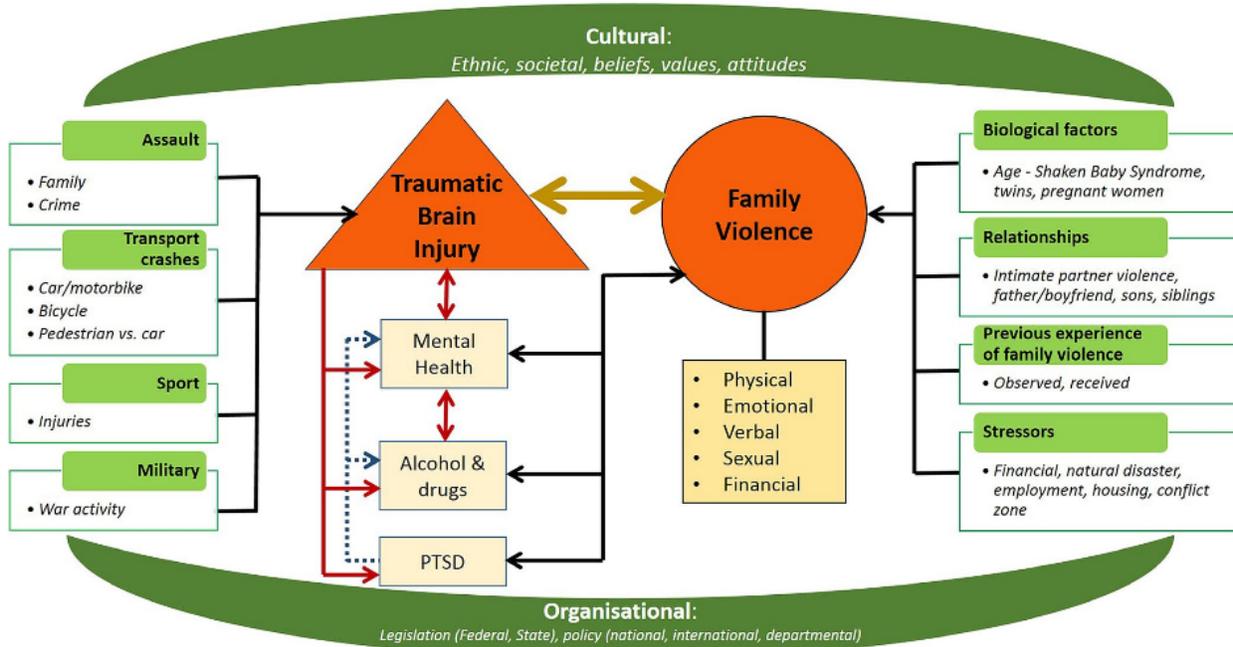
Children exposed to IPV are at much higher risk of being physically abused themselves, have long-term health morbidity, increased chance of intergenerational transmission of child abuse and future IPV, and negative developmental outcomes such as aggression, mental health issues, and developmental delays. Authors discuss the importance of trauma-informed care by pediatricians for these families.

Domestic Violence – Physical Health

Pritchard E, Tsindos T, Ayton D.

Practitioner perspectives on the nexus between acquired brain injury and family violence.

Health Soc Care Community. 2019 Sep;27(5):1283-1294. PMID: [31140672](#)



Lutgendorf MA.

Intimate Partner Violence and Women's Health.

Obstet Gynecol. 2019 Sep;134(3):470-480. PMID: [31403968](#)

Review article on IPV, the effects on women's physical and mental health including during pregnancy, and the role of the ob/gyn in recognition and management.

Using data from the Kentucky Violent Death Reporting System, IPV problems were identified in 26% of 1,327 suicide cases where circumstances were known. In 30% of IPV cases an argument or fight was immediately followed by the suicide.

De Boos J.

Tracheal perforation from non-fatal manual strangulation.

J Forensic Leg Med. 2019 Aug;66:1-3. PMID: [31173945](#)

Tracheal perforation (hole in the windpipe going into the lungs) can be added to the list of possible injuries from non-lethal strangulation.

Elder/Dependent Adult Abuse

Makaroun LK, Taylor L, Rosen T.

Veterans Experiencing Elder Abuse: Improving Care of a High-Risk Population About Which Little Is Known.

J Am Geriatr Soc. 2018 Feb;66(2):389-393. PMID: [29124741](#)

“Veterans who receive their care through the Veterans Health Administration (VHA) have a higher prevalence of poor psychological health, poor physical health, functional impairment, cognitive impairment, and social isolation than the general population.” As this population ages, there may be unique issues regarding elder abuse in veterans. “This article outlines the rationale for developing a research agenda for elder abuse in the VHA.”

Domestic Violence – Mental Health

Brown S, Seals J.

Intimate partner problems and suicide: are we missing the violence?

J Inj Violence Res. 2019 Jan;11(1):53-64. PMID: [30636256](#)

Abner EL, Teaster PB, Mendiondo MS, et. al.
Victim, Allegation, and Investigation Characteristics Associated With Substantiated Reports of Sexual Abuse of Adults in Residential Care Settings.

J Interpers Violence. 2019 Oct;34(19):3995-4019. PMID: [27754922](#)

Of 210 reports of sexual abuse to APS of residents in facility settings in 5 states, only 19% were substantiated. While 51% of alleged perpetrators were facility staff, 63% of substantiated perpetrators were other facility residents.

Wang B, Dong X.

Life Course Violence: Child Maltreatment, IPV, and Elder Abuse Phenotypes in a US Chinese Population.

J Am Geriatr Soc. 2019 Aug;67(S3):S486-S492. PMID: [31403201](#)

Of 3157 Chinese elders living in Chicago, experiences of childhood maltreatment, adult IPV and elder abuse were all related, with increased risks for various aspects of each other. "The cumulative impact of violence should also be considered when providing services or care to violence victims."

Cultural Concerns

Trent M, Dooley DG, Dougé J, et. al.

The Impact of Racism on Child and Adolescent Health.

Pediatrics. 2019 Aug;144(2). pii: e20191765. PMID: [31358665](#)

Statement from the American Academy of Pediatrics and review of this issue. "Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families." [Full article.](#) Recommendations are made to optimize clinical care, workforce development, professional education, systems engagement, and research.

Hartman CA, Hageman T, Williams JH, Ascione FR.

Intimate Partner Violence and Animal Abuse in an Immigrant-Rich Sample of Mother-Child Dyads Recruited From Domestic Violence Programs.

J Interpers Violence. 2018 Mar;33(6):1030-1047. PMID: [26611616](#)

In a sample of mothers seeking services from domestic violence agencies, 11.7% reported partners threatened to harm a pet and 26.1% actually harmed a pet. While rates of threats to pets were the same for all groups, actual pet harm occurred with 41% of white non-Hispanic US born partners, 27% of US born Hispanic partners and 12.5% of Mexican-born Hispanic partners.

Sexual Assault

Scannell M, Kim T, Guthrie BJ.

A Meta-Analysis of HIV Postexposure Prophylaxis Among Sexually Assaulted Patients in the United States.

J Assoc Nurses AIDS Care. 2018 Jan - Feb;29(1):60-69. PMID: [29174349](#)

In a review of research on HIV prophylaxis among patients who experienced sexual assault, "approximately half of the patients who were offered n-PEP accepted the medication. However, only 25.7% of SA patients who accepted n-PEP completed the full course."

Dichter ME, Wagner C, True G.

Women Veterans' Experiences of Intimate Partner Violence and Non-Partner Sexual Assault in the Context of Military Service.

J Interpers Violence. 2018 Mar;33(6):843-864. PMID: [27655865](#)

From in-depth interviews with 25 women veterans, "Our findings highlight the impact of IPV/SA on women's military careers, including options for entering and leaving military service, job performance, and opportunities for advancement...also reveal ways in which the military context constrains their options for responding to and coping with IPV/SA."

Human Trafficking

Reap VJ.

Sex Trafficking: A Concept Analysis for Health Care Providers.

Adv Emerg Nurs J. 2019 Apr/Jun;41(2):183-188. PMID: [31033666](#)

"Human trafficking has rapidly proliferated in recent years and is now considered the second most lucrative criminal activity in the world, with sex trafficking accounting for approximately 80 percent...Recent data from the National Center for Missing and Exploited Children (2017) estimates that one out of every seven runaways reported in 2017 was likely a victim of child sex trafficking, with the average age of victimization being fifteen years of age... an estimated 100,000 to 300,000 youths are at risk for sex trafficking annually within the United States. Approximately 87 percent of sex trafficking victims had sought care during their captivity, predominantly in emergency departments."

Judge AM, Murphy JA, Hidalgo J, Macias-Konstantopoulos W.
Engaging Survivors of Human Trafficking: Complex Health Care Needs and Scarce Resources.

Ann Intern Med. 2018 May 1;168(9):658-663. PMID: [29532076](#)

“Survivors' ongoing engagement in health care services is very challenging. High rates of disengagement, lost contact, premature termination, and attrition are common outcomes.” This article identifies barriers to engagement; offers evidence- and practice-based recommendations for overcoming these barriers; and proposes an interdisciplinary call to action for developing more flexible, adaptable models of care.

Table 2. Innovative Practices Implemented at the MGH Freedom Clinic

Processes and operations

- Nondescript clinic in central location
- Private, serene waiting area
- Full 1-h medical and mental health visits
- 2-wk maximum wait time for medical appointments
- Built-in weekly available urgent care visits
- No risk for termination from the practice for no-shows or last-minute cancellations
- Regular staff trainings on topics related to human trafficking and trauma-informed care
- Board of advisors including survivor representatives

Care strategies

- Consistent medical and mental health providers for any given patient
- Telephone consultation for concerns about medical, mental health, and social needs
- Frequent combined primary and mental health team meetings to address challenges with individual patients and identify new and persistent unmet needs
- Full access to medical staff through a direct line for patients with concerns or in crisis

Patient services

- Parallel primary and mental health care
- Social needs assessment and assistance with obtaining services
- Intense case management and referrals to services
- Patient “navigator” services in the MGH emergency department and main hospital
- Patient financial officers to assist with health care coverage needs
- Assistance with navigating transportation and costs of going to and coming from medical appointments
- Care bags with toiletry items*

Consultations and referrals

- Streamlined referrals to acute addiction and dental services at MGH
- Consult service for MGH emergency department and inpatient hospital floors to assist with care and safe disposition of identified survivors
- Network of trauma-informed MGH subspecialists knowledgeable about trafficking for any indicated referrals
- Warm referrals to hospital- and community-based social services

MGH = Massachusetts General Hospital.

* Provided by the survivor-founded organization Bags of Hope.

Kaltiso SO, Greenbaum VJ, Agarwal M, et. al.
Evaluation of a Screening Tool for Child Sex Trafficking Among Patients with High-Risk Chief Complaints in a Pediatric Emergency Department.

Acad Emerg Med. 2018 Nov;25(11):1193-1203. PMID: [30381877](#)

Description of the first validated trafficking tool for EDs. It is limited to testing for child sex trafficking ages 13-17. Per authors, it is important to disclose mandated reporting requirements prior to administration of the tool, and “adopters of the Greenbaum tool must have a protocol in place for referral to an outside agency...it is inadequate for clinicians to only plan to ‘call social work’”.

Høyvik AC, Lie B, Willumsen T.

Dental anxiety in relation to torture experiences and symptoms of post-traumatic stress disorder.

Eur J Oral Sci. 2019 Feb;127(1):65-71. PMID: [30444297](#)

Of 173 refugees who had experienced torture, “the prevalence of torture experiences involving mouth or teeth was 35% and 23%, respectively...the odds of high levels of dental anxiety being 6.1 times higher in refugees with torture experiences compared with other refugees and 9.3 times higher in torture victims with PTSD symptoms.”

Perpetrators

Holland KM, Brown SV, Hall JE, Logan JE.

Circumstances Preceding Homicide-Suicides Involving Child Victims: A Qualitative Analysis.

J Interpers Violence. 2018 Feb;33(3):379-401. PMID: [26385898](#)

“Using qualitative data from the 2003-2011 National Violent Death Reporting System, we examined 175 cases of homicide-suicide involving child victims...98% of homicide-suicides with child victims are perpetrated by adults (mostly parents) and propelled by the perpetrators' intimate partner problems, mental health problems, and criminal/legal problems. These events are often premeditated, and plans for the violence are sometimes disclosed prior to its occurrence ...implications for prevention are discussed.”

Todd-Kvam M, Lømo B, Tjersland OA.

Braving the Elements: Ambivalence as Opportunities for Change in Individual Psychotherapy With Men Using Intimate Partner Violence.

Front Psychol. 2019 Jul 17;10:1693. PMID: [31379697](#)

Discussion of IPV perpetrator ambivalence to therapy “‘I am bad, but I am not that bad; I have tried and tried in vain; and I know it is wrong, but I have to, I have no choice’. The categories are described and understood from a clinical perspective.”

Police and Court Systems

Swerin DD, Bostaph LG, King LL, Gillespie LK.

Police Response to Children Present at Domestic Violence Incidents.

Child Maltreat. 2018 Nov;23(4):417-425. PMID: [29871498](#)

In a review of 345 police reports of DV calls from one agency in the Northwestern US, the majority of incidents were misdemeanors (85%), occurred in a residence (85%), and involved zero lethality factors (76%). Most offenders were male (82%) and a non-spouse (56%). A child was present in 47% of DV incidents, 51% of the children present were under six years of age, and 50% of children were directly exposed to the altercation (i.e., intervened or witnessed). The presence of a child made it 532% more likely that a victim accepted an intervention, such as referral to community services, but also significantly decreased the odds of arrest by 50%. Police spoke to less than 1/3 of children at the scene. "When police officers deliver trauma-informed responses to children exposed to violence, they have the opportunity to (1) reestablish a sense of safety, (2) facilitate the healing process, and (3) improve children's attitudes toward the police...Best practices include identifying and documenting any children in the home and their level of exposure to the incident; speaking with children at eye level about what happened and what is going to happen next; validating children's emotional responses; assisting the protective parent with comforting the child; coordination of services; and understanding the impact of DV on children."

Carcirieri AT, Fleury-Steiner RE, Miller SL.

Hate the Players, or the Game? The Role of Court Mediators and Hearing Officers in the Civil Protection Order Process.

Violence Vict. 2019 Aug 1;34(4):592-612. PMID: [31416969](#)

"Female survivors' perception of the fairness of court personnel (attorneys, mediators, and hearing officers) shape their satisfaction with the court process...Court personnel play an integral role in helping victims navigate the legal system in ways that could protect their safety."

Lynch KR, Logan TK.

"You Better Say Your Prayers and Get Ready": Guns Within the Context of Partner Abuse.

J Interpers Violence. 2018 Feb;33(4):686-711. PMID: [26545394](#)

From focus groups with 42 women recruited through DV programs, participants discussed guns used in partner abuse, guns for self-defense, and "their frustrations that victims are not taken

seriously by the justice system and the difficulties of enforcing mandated gun restrictions."

Providers

Sciolla AF, Wilkes MS, Griffin EJ.

Adverse Childhood Experiences in Medical Students: Implications for Wellness.

Acad Psychiatry. 2019 Aug;43(4):369-374. PMID: [30850989](#)

With a response rate of 88% of 98 3rd year medical students to an ACE survey, 49% scored zero, 20% 1, 12% 2, 8% 3, and 12% 4+ (similar to the general public). Most students had low ACE scores and a high number of protective factors. In total 1 in 5 students had been exposed to 3 or more ACEs, with increased vulnerability for burnout, depression, problems with academic performance, health risk behaviors, and suicidality both in training and in practice. "It is no surprise that the ACE scores of our increasingly diverse student body mirror those of the general population. Possibly, what is unique about these diverse students is their resilience. Now, it is up to medical school administrators and educators to match those strengths with the curricular interventions and healthcare resources that can help them address the vulnerabilities this study has begun to characterize." [Full text.](#)

McLindon E, Humphreys C, Hegarty K.

Is a clinician's personal history of domestic violence associated with their clinical care of patients.

BMJ Open. 2019 Jul 31;9(7):e029276. PMID: [31371295](#)

In this Australian study of 1047 female health professionals with a 45% response rate, 45.2% of respondents noted their status as a DV survivor. "DV survivor health professionals report greater preparedness to intervene with survivor patients. ...personal DV experience is not a barrier, and may be a facilitator, to clinical care of survivor patients."

Siltala HP, Holma JM, Hallman M.

Family violence and mental health in a sample of Finnish health care professionals: the mediating role of perceived sleep quality.

Scand J Caring Sci. 2019 Mar;33(1):231-243. PMID: [30548489](#)

38% of 1952 Finnish health care professionals reported experiencing family violence (FV). Participants experiencing FV scored significantly worse on depressive symptoms, sleep quality, and emotional, social and psychological well-being. "FV should thus be taken into account in seeking to promote the occupational well-being of health care professionals."

Pearce J, Murray C, Larkin W.

Childhood adversity and trauma: experiences of professionals trained to routinely enquire about childhood adversity.

Heliyon. 2019 Jul 22;5(7):e01900. PMID: [31372522](#)

From interviews with healthcare providers from 4 different services working with children and families and who were trained to start ACEs screening, “The most significant finding suggests that change in practice and commitment to asking ACE questions is driven by practitioners' change in awareness toward more ACE-informed formulations of clients' difficulties. Suggestions are made with regard to the practicalities of routine enquiry and how services can best support practitioners.”

Leasy M, O'Gurek DT, Savoy ML.

Unlocking Clues to Current Health in Past History: Childhood Trauma and Healing.

Fam Pract Manag. 2019 Mar/Apr;26(2):5-10. PMID: [30855124](#)

Nice review article with an adult patient case example of incorporating ACE's screening and discussion into management of a medical issue. “Childhood trauma can have a lasting impact on health and well-being. Family physicians have a unique opportunity to affect individual and population health by understanding ACEs, screening for them, and using empathy, support, and action to facilitate health and disrupt the cycles of trauma.”

SELECTED RESOURCES FOR ACE & TRAUMA-INFORMED CARE

American Academy of Family Physicians – The EveryONE Project
<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project.html>

American Academy of Pediatrics – The Resilience Project
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx>

Centers for Disease Control & Prevention – ACE resources
<https://www.cdc.gov/violenceprevention/acestudy/index.html>

National Council for Behavioral Health – Trauma-Informed Primary Care Initiative
<https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community>

Substance Abuse and Mental Health Services Administration (SAMHSA) – ACE overview
<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

SAMHSA – National Center for Trauma-Informed Care
<https://www.samhsa.gov/nctic>

Valeras AB, Cobb E, Prodder M, et. al.

Addressing adults with adverse childhood experiences requires a team approach.

Int J Psychiatry Med. 2019 Sep;54(4-5):352-360. PMID: [31438755](#)

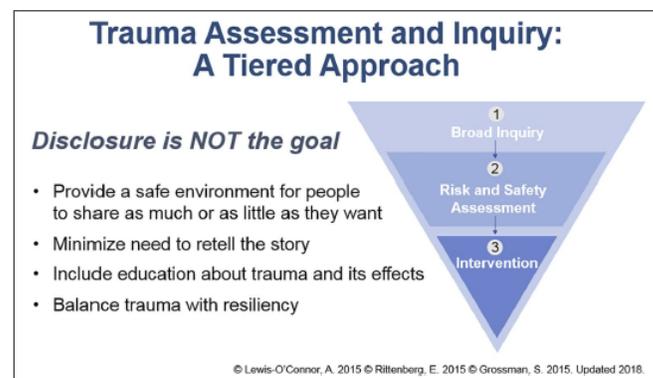
“Subjects described aspects of the medical setting, including removal of clothing or physical touch, that triggered their past trauma. Subjects also reported sensing when their complexity resulted in negative interpersonal dynamics between team members, and they described fearing abandonment from their team.” The behavioral health clinician on the health care team served as an advocate and enhanced trust, continuity and access to care.

Lewis-O'Connor A, Warren A, Lee JV, et. al.

The state of the science on trauma inquiry.

Womens Health (Lond). 2019 Jan

Dec;15:1745506519861234. PMID: [31456510](#)



DiVietro S, Beebe R, Grasso D, et. al.

A dual-method approach to identifying intimate partner violence within a Level 1 trauma center.

J Trauma Acute Care Surg. 2018 Oct;85(4):766-772. PMID: [30256769](#)

Of 586 adults at a level 1 trauma center, with a 43% response rate, 40.8% screened positive for IPV, with the dual screening method of tablet-based and face-to-face identifying more than either method alone.

Domestic Family Violence.

Ann Emerg Med. 2019 Sep;74(3):e32-e33. PMID: [31445564](#)

Policy statement from the American College of Emergency Physicians, including opposition to mandatory reporting of domestic violence to the criminal justice system.

Hanson RF, Wallis E.

Treating Victims of Child Sexual Abuse.

Am J Psychiatry. 2018 Nov 1;175(11):1064-1070. PMID: [30380934](#)

Using a case report example, authors discuss psychological treatment options for children who experienced sexual abuse.

TABLE 1. Resources and Information on Childhood Trauma and Abuse

Host Agency	Resource Name	Web Site	Description
American Academy of Child and Adolescent Psychiatry	Practice Guidelines for Trauma Treatment	www.aacap.org	Addresses assessment and treatment for child and adolescent trauma-related psychiatric disorders
American Academy of Pediatrics	PATTeR (Pediatric Approach to Trauma, Treatment, and Resilience)	www.aap.org	Education about the trauma-informed approach in pediatric care. Includes training and educational resources and opportunities
American Professional Society on the Abuse of Children		www.apsac.org	Nonprofit national organization for multidisciplinary professionals working with maltreated children and their families. Provides resources, research, and information about state-of-the-art practices for child abuse and neglect
American Psychological Association	Understanding and Preventing Child Abuse and Neglect	www.apa.org/pi/families/resources/understanding-child-abuse.aspx	Discusses definitions, risk factors, and consequences of child maltreatment as well as prevention and treatment resources
California Department of Social Services, Office of Child Abuse Prevention	California Evidence-Based Clearinghouse for Child Welfare	www.cebc4cw.org	Searchable database of child welfare-related programs, descriptions of and information on research evidence for specific programs. Provides guidance, tools, and materials to select and implement evidence-based programs
Children's Bureau, Administration for Children and Families	Child Welfare Information Gateway	www.childwelfare.gov	Connects child welfare and related professionals to resources for children and families
International Society for Traumatic Stress Studies		www.istss.org	Interdisciplinary professional organization that promotes advancement and exchange of knowledge about traumatic stress. Includes resources, research, and information to understand, prevent, and treat trauma-related stress
Substance Abuse and Mental Health Service Administration	National Child Traumatic Stress Network	www.nctsn.org	Collaborative network of providers, researchers, and consumers with aim of improving quality of care and increasing access to evidence-based trauma-informed services. Provides professional and family resources related to trauma and its impact
Substance Abuse and Mental Health Service Administration	National Registry of Evidence-Based Programs and Practices	www.samhsa.gov/nrepp	Evidence-based repository and review system to provide information on treatments, interventions, and programs related to mental health and substance use. Includes ratings based on available empirical support
U.S. Department of Veterans Affairs	National Center for PTSD	www.ptsd.va.gov	The section for professionals contains research-supported training materials as well as information and tools to help with assessment and treatment

Dudas L, Petrohoy G, Esernio-Jenssen D, et. al.

Every child, every time: hospital-wide child abuse screening increases awareness and state reporting.

Pediatr Surg Int. 2019 Jul;35(7):773-778. PMID: [31115655](#)

“Hospital-wide use of an objective screening tool, frequent re-education, and the support of an experienced child protection team led to improved child abuse screening compliance.”

Heywood I, Sammut D, Bradbury-Jones C.

A qualitative exploration of 'thrivership' among women who have experienced domestic violence and abuse: Development of a new model.

BMC Womens Health. 2019 Aug 6;19(1):106. PMID: [31387561](#)

“Thriving after DVA [domestic violence and abuse] is characterised by a positive outlook and looking to the future, improved health and well-being, a reclamation of the self, and a new social network.”

Wood L, Wachter K, Rhodes D, Wang A.

Turnover Intention and Job Satisfaction Among the Intimate Partner Violence and Sexual Assault Workforce.

Violence Vict. 2019 Aug 1;34(4):678-700. PMID: [31416973](#)

“Workplace community and control, lower rates of secondary traumatic stress, and increased use of coping were associated with higher job satisfaction.”

Prevention

Hamby S, Taylor E, Jones L, Mitchell KJ, Turner HA, Newlin C.
From Poly-Victimization to Poly-Strengths: Understanding the Web of Violence Can Transform Research on Youth Violence and Illuminate the Path to Prevention and Resilience.

J Interpers Violence. 2018 Mar;33(5):719-739. PMID: [29411696](#)

“Many youth are entangled in a web of violence, experiencing victimization in multiple settings by multiple perpetrators...this more comprehensive view also points to new insights for resilience and prevention. This includes recognizing a parallel concept, ‘poly-strengths,’ which captures the number of resources and assets children and their families can use to help insulate youth from violence (prevention) or assist in coping and promoting well-being after victimization (intervention).”

Williams RC, Biscaro A, Clinton J.

Relationships matter: How clinicians can support positive parenting in the early years.

Paediatr Child Health. 2019 Aug;24(5):340-357. PMID: [31379438](#)

“This statement, which focuses on children aged 0 to 6 years, describes basic principles in support of positive parenting and recommends in-office practices to promote secure parent-child relationships, engage families and build trust with parents. Crying, sleep, and difficult behaviours are described as opportunities for clinicians to provide anticipatory, responsive guidance to parents.”

Cousineau TM, Hobbs LM, Arthur KC.

The Role of Compassion and Mindfulness in Building Parental Resilience When Caring for Children With Chronic Conditions: A Conceptual Model.

Front Psychol. 2019 Aug 5;10:1602. PMID: [31428005](#)

Description of a program to support parents of children with chronic illnesses that incorporates mindfulness, compassion, self-compassion, stress coping, and emotion regulation.

Stover CS, McMahon TJ, Moore K.

A randomized pilot trial of two parenting interventions for fathers in residential substance use disorder treatment.

J Subst Abuse Treat. 2019 Sep;104:116-127. PMID: [31370975](#)

Including parenting interventions in a substance misuse residential treatment program for men led to significant reductions in affect dysregulation, anger, and IPV, and possible decrease in substance use relapse.

DeMaria AL, Sundstrom B, Grzejdzak M, et. al.

It's Not My Place: Formative Evaluation Research to Design a Bystander Intervention Campaign.

J Interpers Violence. 2018 Feb;33(3):468-490. PMID: [26450787](#)

From college men and women focus groups regarding bystander interventions, themes included: “(a) female participants' experiences of sexism and misogyny, (b) the myth that rape is falsely reported, (c) complex understandings of consent and entitlement, (d) the reluctance to stop someone from having a “good time,” (e) the role of alcohol as a moderating factor in sexual misconduct and bystander intervention, and (f) preference for direct and impactful messaging.”

Researchers

Merrick MT, Henly M, Turner HA, et. al.

Beyond residential mobility: A broader conceptualization of instability and its impact on victimization risk among children.

Child Abuse Negl. 2018 May;79:485-494. PMID: [29558715](#)

Description of the LDF Index (Lifetime Destabilization Factors), which includes the impact of natural disasters, homelessness, child home removal, multiple moves, parental incarceration, unemployment, deployment, and multiple marriages. “The LDF index thus provides a useful alternative to using residential moves as the sole indicator of instability.”

PTSD

Hamblen JL, Norman SB, Sonis JH, et. al.

A guide to guidelines for the treatment of posttraumatic stress disorder in adults: An update.

Psychotherapy (Chic). 2019 Sep;56(3):359-373. PMID: [31282712](#)

“Along with patients' preferences and values, and clinicians' experience and judgment, practice guidelines are a critical component to ensure patients are getting the best care based on the most updated research findings...In this article, we will describe key methodological points for 5 recently released Clinical Practice Guidelines on the treatment of posttraumatic stress disorder in adults and highlight some of the differences in both the process and the subsequent recommendations.

Wassing R, Lakbila-Kamal O, Ramautar JR, et. al.
Restless REM Sleep Impedes Overnight Amygdala Adaptation.

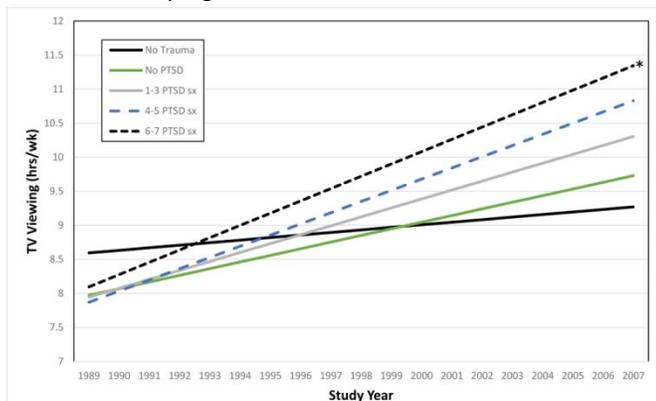
Curr Biol. 2019 Jul 22;29(14):2351-2358.e4. PMID: [31303489](#)
Dutch laboratory researchers were able to show that stressful stimuli were less stressful the next day (less reactive amygdala portion of the brain) after healthy REM sleep, but this adaptation did not take place as well in poor REM sleepers. Authors point out possible interventions and implications for mental health disorders such as PTSD, which impact sleep.

Scoglio AAJ, Rudat DA, Garvert D, et. al.
Self-Compassion and Responses to Trauma: The Role of Emotion Regulation.

J Interpers Violence. 2018 Jul;33(13):2016-2036. PMID: [26681787](#)
In a sample of women with experiences of severe and repeated interpersonal trauma who were seeking treatment for PTSD, degree of self-compassion was negatively related to degree of PTSD symptoms severity.

Jung SJ, Winning A, Roberts AL, et. al.
Posttraumatic stress disorder symptoms and television viewing patterns in the Nurses' Health Study II: A longitudinal analysis.

PLoS One. 2019 Mar 21;14(3):e0213441. PMID: [30897111](#)
Using data from Nurses' Health Study II, "Women with high PTSD symptoms reported more TV viewing (hours/wk) compared to trauma-unexposed women...TV viewing following trauma exposure may be a marker of vulnerability for developing PTSD and also a consequence of having PTSD. High TV viewing levels may be linked with ineffective coping strategies or social isolation, which increase risk of developing PTSD."



Blanco C, Hoertel N, Wall MM, et. al.
Toward Understanding Sex Differences in the Prevalence of Posttraumatic Stress Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions.

J Clin Psychiatry. 2018 Mar/Apr;79(2). pii: 16m11364. PMID: [29659210](#)

Using national data and looking at the effect of 19 traumatic events, authors conclude "The higher prevalence of PTSD among women appears to be due mainly to their greater vulnerability to the effects of traumatic events."

Guess KE, Fifolt M, Adams RC, Ford EW, McCormick LC.
Life After Trauma: A Survey of Level 1 Trauma Centers Regarding PTSD and Acute Stress Disorder.

J Trauma Nurs. 2019 Sep/Oct;26(5):223-233. PMID: [31503192](#)
From a survey of 209 adult and 70 pediatric US level 1 trauma centers, for adult hospitals 25% had PTSD assessment protocols, and 12.37% PTSD educational protocols. For pediatric hospitals those percentages were 36.2% and 20%. Numbers were smaller for acute stress disorder (ASD). Formal or informal caregivers were assessed or educated at low rates. Authors advocate for more assessment and patient education of potential traumatic stress outcomes.

Other of Interest

Kivisto AJ, Magee LA, Phalen PL, Ray BR.
Firearm Ownership and Domestic Versus Nondomestic Homicide in the U.S.

Am J Prev Med. 2019 Sep;57(3):311-320. PMID: [31345608](#)
From a data review, state-level firearm ownership was uniquely associated with domestic but not nondomestic firearm homicide rates, for both male and female victims. States in the top quartile of firearm ownership had a 64.6% ($p < 0.001$) higher incidence rate of domestic firearm homicide than states in the lowest quartile, but this did not hold true for nondomestic firearm homicide.

McLaughlin M.
The relationship between cigarette taxes and child maltreatment.

Child Abuse Negl. 2018 May;79:339-349. PMID: [29518636](#)
This study found that increases in cigarette as well as sale tax rates predicted increases in child maltreatment rates. These rate hikes "may create financial difficulties for some smokers, particularly those with low incomes... Child welfare workers can use these findings to better predict the volume of maltreatment referrals and provide resources to affected families. Policy makers, for their part, should take these results into consideration when weighing the costs and benefits of a regressive tax increase."