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Child Abuse

Westphaln KK, Pike NA, Li VR, Spurrier R, Imagawa KK.

Pediatric Hospital Admissions with Concern for Neglect: Correlations Between Neglect Types and Other Clinical and Environmental Risk Factors.

Matern Child Health J. 2024 Sep;28(9):1539-1550. PMID: [38904903](https://pubmed.ncbi.nlm.nih.gov/38904903/)

Using data from one children’s hospital for children aged 0-5 years who were hospitalized with concern for neglect during 2016-2020, “The most common neglect types were inadequate nutrition (40%), inability to provide basic care (37%), intrauterine substance exposure (25%), combined types (23%), and inadequate medical care (10%)...Our findings highlight five specific types of neglect seen in an impoverished and ethnically diverse geographic region...Future studies should focus on prevention strategies, tailored interventions, and improved resource allocations.”

Mark TL, Dolan M, Allaire B, et al.

Untreated Psychiatric and Substance Use Disorders Among Caregivers With Children Reported to CPS.

JAMA Health Forum. 2024 Apr 5;5(4):e240637. PMID: [38639981](https://pubmed.ncbi.nlm.nih.gov/38639981/)

Using linked data sets in Florida and Kentucky, “In 2020, 59% of caregivers with Medicaid and children referred to child protective services had a mental health or substance use disorder diagnosis, compared with 33% of age- and sex-matched Medicaid beneficiaries without children who were referred to CPS. Among caregivers with a psychiatric disorder, 38% received counseling and 67% received psychiatric medication. Among those with a substance use disorder, 40% received counseling and 38% received a substance use disorder medication. In this case-control study, despite Medicaid coverage of an array of effective behavioral health treatments, large portions of caregivers with Medicaid coverage, who need treatment and whose children were referred to CPS, were not receiving treatment.”

Collardeau F, U OL, K AY, Mayhue JG, Fairbrother N.

Prevalence and Course of Unwanted, Intrusive Thoughts of Infant-Related Harm.

J Clin Psychiatry. 2024;85(3). PMID: [39145681](https://pubmed.ncbi.nlm.nih.gov/39145681/)

“Unwanted, intrusive thoughts (UITs) of infant-related harm are a common postpartum phenomenon and can be classified into thoughts of accidental harm (TAHs) and thoughts of intentional harm (TIHs).” From a study of 763 Canadian pregnant women, assessed twice postpartum, “The prevalence of TAHs and TIHs in the postpartum period was 95.8% and 53.9%, respectively. The most common TAHs included thoughts of the baby suffocating or dying from sudden infant death syndrome; the most common TIHs included thoughts of neglect...The most intense period for TAHs (5.74 weeks postpartum) and TIHs (within first 8 weeks postpartum) was identified. During this period, over 40% of participants reported moderate or extreme distress related to UITs. For most, UITs decreased in frequency or completely resolved by 6 months postpartum...Increased education is necessary to normalize and reduce distress associated with UITs.”

Hornor G, Jennings S.

Emergency Department Care for Prepubescent Patients Who Have Been Sexually Abused: Joint Position Statement.

J Forensic Nurs. 2024;20(3):E50-e2. PMID: [39159245](https://pubmed.ncbi.nlm.nih.gov/39159245/)

“Pediatric patients who have been sexually abused should not be treated under the same policies or guidelines used in the adult emergency care setting...Although it may not be possible for all emergency care settings to offer pediatric SANE [sexual assault nurse examiner] services, all must be prepared to facilitate access within their community to appropriate facilities and examiners capable of providing a high-quality, evidence-based response for children who have been sexually abused.” In this position statement, the Emergency Nurses Association and the International Association of Forensic Nurses delineate guidelines for such care.

Adult Manifestations of Child Abuse

Beurel E, Nemeroff CB.

Early Life Adversity, Microbiome, and Inflammatory Responses.

Biomolecules. 2024;14(7). PMID: [39062516](#)

“Because the central nervous and immune systems are not fully mature at birth and continue to mature during the postnatal period, a bidirectional interaction between the central nervous system and the immune system has been hypothesized, with traumatic stressors during childhood being pivotal in priming individuals for later adult psychopathology. Similarly, the microbiome, which regulates both neurodevelopment and immune function, also matures during childhood, rendering this interaction between the brain and the immune system even more complex. In this review, we provide evidence for the role of the immune response and the microbiome in the deleterious effects of early life adversity.”

Baldwin JR, Coleman O, Francis ER, Danese A.

Prospective and Retrospective Measures of Child Maltreatment and Their Association With Psychopathology: A Systematic Review and Meta-Analysis.

JAMA psychiatry. 2024;81(8):769-81. PMID: [38691376](#)

From a research review, “Psychopathology is more strongly associated with retrospective measures--which capture the first-person, subjective appraisal of childhood events reflected in memory recall--compared to prospective measures--which essentially capture third-person accounts of such events. Maltreatment-related psychopathology may be driven by subjective interpretations of experiences, distressing memories, and associated schemas [negative patterns of how a person sees the world], which could be targeted by cognitive interventions.”

Karimov-Zwienenberg M, Symphor W, Peraud W, et al.

Childhood trauma, PTSD/CPTSD and chronic pain: A systematic review.

PLoS One. 2024;19(8):e0309332. PMID: [39213321](#)

“The findings of this systematic review highlight the importance of taking into account childhood trauma, in particular neglect and emotional abuse, in the study of PTSD/Complex PTSD and chronic pain comorbidity in adults. The long-term impact of childhood trauma was further emphasized by...higher levels of PTSD and perceived distress later in life when compared to adulthood trauma. This review also included evidence on specific neurophysiological patterns in chronic pain patients with PTSD suggesting differential pain modulation processes following trauma, in particular childhood maltreatment.”

Fischer L, Wilson M, Schofield PW, et al.

Exposure to Childhood Adversity and Intimate Partner Violence in a Sample of Incarcerated Women in Australia.

Int J Offender Ther Comp Criminol. 2024:306624x241270577. PMID: [39152669](#)

Of 167 women in 3 Western Australia women's prisons, “94% of women had experienced at least one childhood adversity (median 6), and 94% reported being a victim of physical violence by a current or former intimate partner...There was an association between an increased number of ACEs and head injury with a loss of consciousness...Successful rehabilitation of women incarcerated for violent crimes should be cognizant of the histories of extreme violence endured by most of these women.”

Frederickson A, Mazzarello O, Langevin R.

Childhood Maltreatment and Perinatal Complications: A Scoping Review of Official Health Data.

Trauma Violence Abuse. 2024:15248380241270017. PMID: [39158156](#)

From a research review, “Evidence indicates CM [childhood maltreatment] survivors have less prenatal care visits, more fetal loss and preterm births, lower gestational age, and increases in emergency cesarean sections. Adults had more cervical insufficiency, lower episiotomies and sphincter ruptures, and overall pregnancy and postpartum complications while adolescents had lower Apgar scores...Findings point to the relevance of leveraging health data for CM research and adopting trauma-informed practices in perinatal services.”

Haim-Nachum S, Sopp MR, Lüönd AM, et al.

Childhood maltreatment is linked to larger preferred interpersonal distances towards friends and strangers across the globe.

Translational psychiatry. 2024;14(1):339. PMID: [39179529](#)

“Adults (N = 2986) from diverse cultures and socio-economic strata from 43 countries completed a reaction time task measuring CID [comfortable interpersonal distance] towards an approaching stranger and friend. Higher CM [childhood maltreatment] was linked to a larger CID towards both friends and strangers...These findings demonstrate for the first time that CM affects CID across countries and cultures, highlighting the robustness of this association.”

Adolescents

Senger-Carpenter T, Zhang A, Ordway M, et al.
Anxiety and Depression Symptoms, Adverse Childhood Experiences, and Persistent/Recurrent Pain Across Early Adulthood.

Acad Pediatr. 2024 Aug 26:S1876-2859(24)00330-9. PMID: [39197577](#)

From a national survey of 7951 youth, 31.9% reported persistent/recurrent pain (PRP). Higher levels of early ACE exposure were associated with an increased probability of having PRP. Early ACEs also had indirect effects on PRP via higher anxiety and depression symptoms. "Anxiety and depression symptoms are potentially important interventional targets to lower the risk for PRP among youth exposed to ACEs."

Smith GC, Dolbin-MacNab M, Infurna FJ, et al.
Self-Reported Adverse Childhood Experiences and Risk for Internalizing and Externalizing Difficulties among Adolescent Custodial Grandchildren.

Journal of child and family studies. 2024;33(3):982-97. PMID: [39184136](#)

From an online survey of 342 custodial grandchildren (CG) aged 12-18 that included asking about 14 possible types of ACEs, 9% reported 0 ACEs, 48.6% reported 2-5 ACEs, and 30.5% reported 6+ ACEs. Bullying from peers strongly predicted internalizing disorder (such as depression, anxiety) risk. Externalizing disorder (such as anger, aggression) risk was highest among CG who were emotionally abused and encountered neighborhood violence. "The frequency and types of ACEs observed were alarmingly higher than those among the general population."

Sardinha L, Yüksel-Kaptanoğlu I, Maheu-Giroux M, et al.
IPV against adolescent girls: regional and national prevalence estimates and associated country-level factors.

Lancet Child Adolesc Health. 2024 Sep;8(9):636-646. PMID: [39089294](#)

Using 2018 WHO data, "The estimated global prevalence of physical or sexual intimate partner violence against ever-partnered adolescent girls aged 15-19 years was 24% in their lifetime and 16% in the past year. Prevalence varied greatly across countries and regions, with lifetime prevalence ranging from 6% in Georgia to 49% in Papua New Guinea. Overall, the prevalence of both lifetime (154 countries) and past-year (157 countries) intimate partner violence against adolescent girls was higher in low-income and lower-middle-income countries...Countries with higher rates of female secondary school enrolment and those with inheritance laws that are more gender-equal had lower prevalence of intimate partner violence

against adolescent girls. Lower-income countries and societies with a high prevalence of child marriage had higher prevalence of physical or sexual intimate partner violence against adolescent girls."

Domestic Violence – Effects on Children

Snyder-Fickler E, Alban C, Liu Y, et al.

What do child maltreatment reports to Child Protective Services tell us about the needs families and communities are experiencing?

Children and youth services review. 2023;155. PMID: [39086908](#)

"Utilizing CPS intake reports from a mid-sized urban county in the southeastern United States (N = 2,724)...Improper discipline/physical abuse was the most common maltreatment subtype (34.6%)...salient risk factors included caregiver drug use (20.6 %) and domestic violence (19 %)...Our coding system to extract and assess child maltreatment intake narrative data can provide local agencies with...nuanced details regarding the children's and families' needs."

Desai S, Stanzo K, Benskin B, et al.

Intimate Partner Violence and Depression Screening of Mothers with Infants in the Neonatal Intensive Care Unit.

Am J Perinatol. 2024 Oct;41(13):1789-1796. PMID: [38423031](#)

Of 170 mothers with infants admitted to a Texas neonatal ICU after delivery, all answered "no" to a screening question of "Do you feel safe at home?" when admitted to the hospital. To the screening question "Do you feel sad?" 17% reported a history of depression. However, of 78 women who agreed to participate in a study and were screened with an Abuse Assessment Screen and EPDS (depression screen) 2 days, 2 weeks, and at discharge of their infant from the NICU, 33% of mothers had experienced some type of abuse in their lifetime, 20% reported past year physical and sexual abuse, while 17% were still afraid of their current abuser. In addition, 19% experienced physical abuse since the start of their pregnancy. Women with an abuse history also scored much higher for severe depression. "Our study shows basic intake questions critically underreport depression and abuse and do not distinguish among baby blues, clinical depression, and severe clinical depression. These cracks in the system indicate potentially depressed mothers with sick infants may be returning to an abusive home."

Blangis F, Drouin J, Launay E, et al.

Maternal, prenatal and postnatal risk factors for early child physical abuse: a French nationwide cohort study.

Lancet Reg Health Eur. 2024;42:100921. PMID: [39070743](#)

Of 6,897,384 French infants, 2994 had a diagnosis of early child physical abuse (CPA), with median age of 4 months. Independent factors most strongly associated with early CPA were low financial resources (adjusted hazard ratio aHR 1.91), maternal age < 20 years (aHR 7.06), maternal alcohol use disorder (aHR 1.85), opioid use disorder (aHR 1.90), intimate partner violence (aHR 3.33), diagnosis of a chronic mental disorder (aHR 1.50), hospitalization for a mental disorder (aHR 1.88), very preterm birth (aHR 2.15), and diagnosis of a chronic severe neurocognitive disorder in the infant (aHR 14.37).

Domestic Violence – Physical Health

AbiNader MA, Rundle AG, Park Y, Lo AX.

Population-Level Surveillance of Domestic Assaults in the Home Using the National Emergency Medical Services Information System (NEMSIS).

Prev Sci. 2024 Aug;25(6):882-890. PMID: [38814380](#)

Using a national dataset to predict which characteristics were associated with consistent domestic assault identification by the on-scene EMS clinician and dispatcher, “The sample was majority female (52.2%), White (44.7%), urban (85.5%), and 21-29 years old (24.4%). A disproportionate number of those found dead on scene were men (74.5%), and female patients more often refused treatment (57.8%) or were treated and then released against medical advice (58.4%). Domestic assaults against children and seniors had higher odds of being consistently identified by both the dispatcher and EMS clinician...these data indicate an opportunity to systematically track domestic assaults in communities and describe population-specific needs.”

Chan JP, Harris KA, Berkowitz A, et al.

Experiences of Domestic Violence in Adult Patients with Brain Injury: A Select Overview of Screening, Reporting, and Next Steps.

Brain Sci. 2024 Jul 17;14(7):716. PMID: [39061456](#)

This select overview for the brain injury clinician includes “A suggested protocol for domestic violence screening and management, as well as recommended resources for providers and

patients...Given the prevalence of IPV-related brain injury and unique presentation and management considerations, brain injury clinicians should familiarize themselves with risk factors for violence, available screening tools, best practices, and management considerations.”

Domestic Violence – Mental Health

Vail SL, Spencer CM, Moore M, Keilholtz BM.

The Role of Identity and Gender Beliefs in Self-Identification of Abuse for Male Victims of IPV.

J Interpers Violence. 2024;8862605241270037. PMID: [39155650](#)

Of 289 men, “When directly asked if they had ever experienced abuse in a romantic relationship, 14.2% self-identified as having been a victim of IPV. However, when examining scores on the Conflict Tactics Scale 2, 23.9% reported some sexual IPV, 69.6% indicated psychological abuse, and 20.4% indicated physical abuse...men who identify as LGBTQ+ were significantly more likely to identify when they experienced IPV victimization. Barriers to male self-identification and treatment are discussed.”

Elder/Dependent Adult Abuse

Hernandez-Tejada MA, Little DM, Bruce MJ, et al.

Building resilience: A specialty clinic tailored to older adults at risk of violence and abuse.

Int J Psychiatry Med. 2024 Aug 4:912174241272591. PMID: [39097799](#)

“Both structural (e.g., ageism) and personal (e.g., stigma) barriers hinder older adult's access to and engagement with mental health care...Leveraging home-based telemedicine, the clinic provides evidence-based psychotherapy tailored to older adults' needs...The results indicated high treatment completion, high engagement with telemedicine-delivered interventions, and, most importantly, significant changes in clinical outcomes.”

Makaroun LK, Halaszynski JJ, Smith KA, et al.
Screening for Elder Abuse in the Veterans Health Administration: Varied Approaches Across a National Health System.

J Gen Intern Med. 2024 Sep;39(12):2225-2232. PMID: [38191973](#)

“Overall, 130 sites (94%) responded. Among respondents, 4% reported screening older adults for EA [elder abuse] using a previously published tool, while 5% reported screening for EA with an unstudied or locally developed tool. Forty-eight percent reported screening patients of all ages for general abuse/neglect using unstudied questions/tools, and 44% reported no EA screening at their site. Characteristics of screening programs (e.g., frequency, clinical setting, provider type) varied widely between sites...High variability in screening practices for abuse/neglect and lack of EA-specific screening in a system that has successfully deployed other standardized screening approaches present an important opportunity to standardize and improve EA detection practices.”

Sexual Assault

Bernstein E, Kanefsky R, Cook M, Newins AR.
Acceptance of rape myths and psychological symptoms: the indirect effect of self-blame.

J Am Coll Health. 2024;72(6):1641-5. PMID: [35728073](#)
Of 280 female college sexual assault survivors, “acceptance of rape myths was positively associated with self-blame, which in turn was positively associated with PTSD symptoms. Clinicians working with survivors of sexual assault should assess for endorsement of rape myths and self-blame, as challenging posttraumatic cognitions has been shown to reduce symptoms of trauma.”

Jouriles EN, Johnson E, Rancher C, et al.
Adolescents Who Have Been Sexually Abused: Trauma Symptoms and Self-Blame while Waiting for Treatment.

J Clin Child Adolesc Psychol. 2024;53(4):680-9. PMID: [35486470](#)
For 127 adolescents with a history of sexual abuse seen at a children’s advocacy center, greater self-blame for the abuse was associated with higher levels of trauma symptoms. “Assessing for self-blame for sexual abuse may be important in triage and treatment planning for youth with trauma symptoms after experiencing sexual abuse.”

Human Trafficking

Andana C, Saldaña O, Rodríguez-Carballeira Á.
Understanding Child Sexual Exploitation Dynamics: Development and Validation of a Taxonomy of Recruitment and Domination Strategies.

Sex Abuse. 2024;10790632241271091. PMID: [39122246](#)
“Child sexual exploitation is a form of interpersonal violence which involves the use of manipulation, control, and coercion strategies to recruit and dominate minors. This study aimed to develop and validate a taxonomy that identifies, defines, and classifies these abusive strategies...also judged the frequency of each strategy’s usage to recruit and dominate the victims in sex trade, sex trafficking, sex tourism, and online sexual exploitation. The taxonomy comprises 20 specific strategies, classified into five categories: isolation, control of personal life, emotional abuse, cognitive manipulation, and behavioral domination.”

Dunnigan AE, Fusco RA.
The relationship between commercial sexual exploitation and foster care placement in the U.S.: A scoping review.

Child Abuse Negl. 2024;155:106950. PMID: [39089105](#)
“Youth in foster care may be vulnerable to commercial and sexual exploitation of children in the US. Youth in care may show vulnerabilities such as running away, identifying as sexual/gender minorities, or exhibiting complex behavioral and mental health needs.” In this research review, authors note the lack of common definitions, lack of national databases, and lack of federal and state data sharing as obstacles to developing interventions.

Mason R, Recknor F, Bruder R, et al.
From not knowing, to knowing more needs to be done: health care providers describe the education they need to care for sex trafficked patients.

BMC Med Educ. 2024;24(1):824. PMID: [39085862](#)
From interviews with 31 Canadian healthcare providers, “Three themes related to providers’ education and training needs emerged. These acknowledge basic (Foundational knowledge), as well as more specific learning needs (Navigating the encounter). The final theme, (“It just seems so much bigger than me”) suggests that even with some knowledge of domestic sex trafficking, participants still experienced considerable distress and multiple challenges due to gaps in the broader system impacting the provision of appropriate care.”

LGBTQ Concerns

Shirsat N, Finney N, Strutner S, et al.

Characterizing Chronic Pain and Adverse Childhood Experiences in the Lesbian, Gay, Bisexual, Transgender, or Queer Community.

Anesth Analg. 2024 Oct 1;139(4):821-831. PMID: [38412111](#)

From a survey of 136 LGBTQ individuals (average age of 29 years) reporting chronic pain, “47% had high ACE scores, and high ACE scores were significantly associated with higher average pain scores, and higher perceived current pain ratings...History of any sexual trauma was prevalent in 36.7% and was associated with chronic pain located in the pelvic region. Specific histories of forced sexual and touch encounters were associated with a specific diagnosis of fibromyalgia...indicates a need to explore trauma’s role in perceived pain...type of trauma may also be crucial in understanding chronic pain development.”

Clare CA, Woodland MB, Buery-Joyner S, et al.

Educational guidelines on sexual orientation, gender identity and expression, and sex characteristics biases in medical education.

Am J Obstet Gynecol. 2024;231(3):289-95. PMID: [38432411](#)

“In this scholarly perspective, the authors expand on previously developed guidelines to address sexual orientation, gender identity and expression, and sex characteristics bias, heterosexism, and heteronormative attitudes in obstetrics and gynecology educational products, materials, and clinical learning environments to improve access and equitable care.”

D’Cruz CR, Hammond MD, Dixon L.

A Mixed Methods Study of Barriers to Help-Seeking for Intimate Partner Aggression in the LGBTQIA+ Community.

J Interpers Violence. 2024;8862605241270045. PMID:

[39183686](#)

In this Australian study of LGBTQIA+ persons on help-seeking for intimate partner aggression (IPA), “themes illustrated unique barriers experienced by LGBTQIA+ people when judging possible harm, choosing whether to seek help, and actual help-seeking. Altogether, current help-seeking pathways for IPA are generally inaccessible to people in the LGBTQIA+ community. IPA interventions for the LGBTQIA+ community require awareness of stigma, improved education for informal and formal support pathways, and the development of community-led interventions.”

Race/Cultural Concerns

Rowh A, Jack S.

Notes from the Field: Intimate Partner Homicide Among Women - United States, 2018-2021.

MMWR Morb Mortal Wkly Rep. 2024;73(34):754-6. PMID: [39207930](#)

Overall rates and most characteristics of intimate partner homicide involving female victims in the United States did not significantly change during 2018–2021. Black women were disproportionately victims of intimate partner homicide throughout the study period (i.e., during this period, Black women constituted approximately 13.4% of the population but accounted for 29.9% of intimate partner homicide victims); this disparity widened during 2020–2021. Further, during 2020–2021, the proportion of suspects in intimate partner homicide incidents who had contact with law enforcement during the preceding 12 months increased approximately 30%, suggesting a potential missed opportunity for prevention.”

Nagoshi CT, Akter F, Nagoshi JL, Pillai V.

Positive and Negative Gender Role Beliefs and Intimate Partner Violence.

Violence Vict. 2024;39(3):351-66. PMID: [39107069](#)

“An ethnically diverse sample of 384 male and female undergraduates was assessed for their gender role beliefs based on positive (family responsibility) vs. negative (male dominance and female submissiveness) aspects derived from Hispanic cultural traditions. Negative male and female gender role beliefs were significantly positively correlated with reported victimization by and perpetration of severe intimate partner violence (IPV) for both men and women.”

Lin C, King PH, Richman JS, Davis LL.

Association of Posttraumatic Stress Disorder and Race on Readmissions After Stroke.

Stroke. 2024 Apr;55(4):983-989. PMID: [38482715](#)

From a large VA study, “Among African American veterans who experienced stroke, preexisting PTSD was associated with increased risk of readmission, which was not significant among White veterans. This study highlights the need to focus on high-risk groups to reduce readmissions after stroke.”

Schweiberger K, Patel M, Ragavan MI.
Promoting Equity in Pediatric Health Care Through Language Services Reimbursement.

Pediatrics. 2024 May 1;153(5):e2023064214. PMID: [38567419](#)

“An estimated 21.7% of the US population speaks a language other than English, and 8.2% identifies as LEP [limited English proficiency]...Compared with English-speaking families, LEP families report worse care quality, are less likely to have a pediatric medical home, are more likely to experience adverse medical events, and are less likely to receive adequate pain treatment. Children with LEP parents may also be asked to assist in situations that may not be developmentally appropriate, such as interpreting during a medical visit or translating medical documents. LEP families are also often excluded from pediatric health research...Currently, only 17 state Medicaid and State Children’s Health Insurance programs pay for interpreter services, whereas 33 states require clinicians to provide interpretation services without additional payment...Universal payment for interpretation and translation services is necessary to...ensure high-quality services are provided to LEP families.”

Cénat JM, Haeny AM, Williams MT.
Providing antiracist cognitive-behavioral therapy: Guidelines, tools, and tips.

Psychiatry Res. 2024;339:116054. PMID: [39024891](#)

“The article proposes clear, applicable guidelines for clinicians to provide anti-racist CBT interventions. They cover clinical self-development, re-design the CBT triangular (thoughts, feelings, behaviors) theoretical framework, and provide practical tools and tips to facilitate antiracist CBT interventions...also highlights the importance of creating a culturally safe therapeutic environment for racialized children, adolescents, and families, and emphasizes the need for specialized training to effectively serve these groups.”

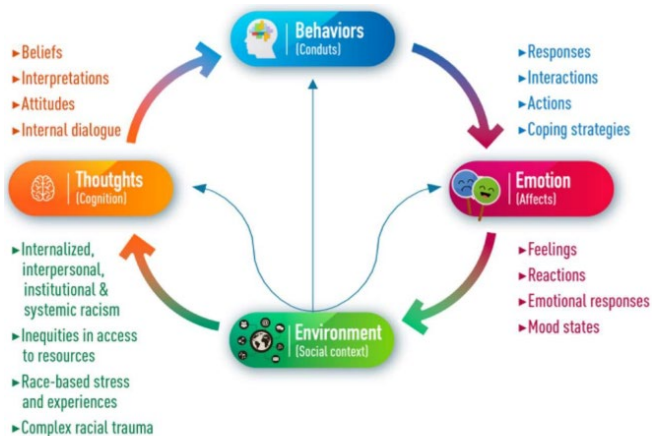


Fig. 1. Antiracist CBT theoretical framework.

Perpetrators

Claing A, Dugal C, Brassard A, et al.

Anxiety, Depression, and Comorbid Symptomatology: Different Forms and Severity of Intimate Partner Violence Perpetrated by Men Seeking Help.

Violence Vict. 2024;39(3):332-50. PMID: [39107071](#)

Of 494 French-Canadian men seeking help for IPV-related difficulties, those with both anxious and depressive symptoms perpetrated significantly more severe violent acts compared to those with only anxious or depressive or no mental health symptoms. “This study underscores the importance of targeting the reduction of psychological distress when treating men who perpetrated IPV.”

DeBlasio S, Ioannou M, Synnott J.

Sexual Offending: The Intrepid Professional-Adventurer and The Dejected Revenger-Victim.

Int J Offender Ther Comp Criminol. 2024;68(12):1234-50. PMID: [36181297](#)

Of 26 British male incarcerated sexual crime offenders, mean age 32 years, two main groups evolved: one group “perceives the experience of crime as a positive thing, and which he enjoys, feels excited and courageous about, as he embarks on his interesting and fun adventure. This offender views himself as manly and...confident. The second type of offender perceives the commission of his crime as a negative experience. He described feeling confused...helpless in the sequence of events, and he just wanted to get it over with. He identified with emotions such as lonely, scared, upset and depressed, which reflect the persona of a helpless victim.” Despite these offenders committing a similar offense, their experiences of the offense were significantly different, and authors note each needs to be “treated” through different approaches and methods, not one-size-fits-all.

Collica-Cox K, Day GJ, Bennett A, Maruszewski C.

The Impact of Trauma-Sensitive Yoga on Persons Who Are Incarcerated.

J Forensic Nurs. 2024;20(3):195-204. PMID: [38488399](#)

Male residents in a New York jail who completed a 4-week trauma-sensitive yoga (TSY) program, “experienced statistically significant improvements in self-esteem, self-control, resilience, institutional conduct, self-efficacy, and emotion regulation...This research implies that cost-effective interventions like TSY have the ability to produce beneficial outcomes within a short time, which is integral to furthering rehabilitative efforts within the transient nature of the jail setting.”

Police and Court Systems

Johnson JE, Ramezani N, Viglione J, et al.

Recommended Mental Health Practices for Individuals Interacting With U.S. Police, Court, Jail, Probation, and Parole Systems.

Psychiatr Serv. 2024 Mar 1;75(3):246-257. PMID: [37933131](#)
Recommended practices for criminal legal-involved individuals with mental health problems were identified from 950 US counties. “Weighted data from respondents (N=791 from 519 counties) indicated that each recommended practice was present for criminal legal-involved individuals in only 21.9%-43.0% of U.S. counties.”

Belisle LA, Reed S, Clark ER, Pinchevsky GM.

Diverse Intimate Partner Violence Survivors' Experiences Seeking Help from the Police.

Trauma Violence Abuse. 2024:15248380241270083. PMID: [39150320](#)

Authors analyzed research relating to six underrepresented IPV survivor populations: women with substance use issues, immigrant women, women in rural localities, heterosexual men, racially/ethnically minoritized women, and sexual minority women, and noted policing issues common to and associated with each group.

Table 3. Summary of Critical Themes.

Revictimization by the police	The most common of occurrences across diverse populations, police officers re-victimize survivors through gas lighting, threats, or physical/verbal assault.
Police negligence	Police officers fail to uphold their duty by not taking action against those perpetrating abuse, refusing to uphold orders for protection, or not providing supportive services to survivors.
Discrimination	Common among racial/ethnic and sexual minority survivors, officers would use derogatory slurs or mistreat survivors due to their identity.
Cultural differences	Negative experiences associated with language barriers and cultural dynamics experienced by immigrant and racially/ethnically minoritized women.
Positive experiences	Experienced by all survivor populations except racially/ethnically minoritized women, police officers supported survivors by connecting them with resources, following their arrest wishes, and ensuring that survivors had the support they needed.

Chai AMM, Reale KS.

Counting the days: Exploring the post-mortem interval factors in sexual homicides.

Behav Sci Law. 2024;42(4):385-400. PMID: [38762888](#)
Certain factors “play a pivotal role in the time lag experienced in locating the bodies of homicide victims. These findings have crucial implications for investigative efforts in homicide cases.” From this review of 269 sexual homicides, factors involved in delay in finding of the body included body disposal in a remote location, person last seen near a roadway, offender not a stranger and was employed, premeditation, victim was single or separated, and hiding/relocating/disposing of the body.

Providers

Curry SJ, Bell CJ.

Essential Care for Women Experiencing Intimate Partner Violence.

JAMA Intern Med. 2024 Sep 1;184(9):1001-1002. PMID: [38976282](#)

“Nearly half of women in the US have experienced intimate partner violence (IPV) during their lifetime...Research conducted after disasters...found that IPV increased in frequency and severity in the context of these disasters and public health emergencies (PHEs)... At the request of the Health Resources and Services Administration’s Office of Women’s Health, the National Academies of Sciences, Engineering, and Medicine convened a multidisciplinary committee of experts to identify the essential health care services for women experiencing IPV, to determine whether that list changes during disasters or PHEs, and to identify strategies to sustain access to that care when a disaster or PHE occurs...The committee recommended 15 essential health care services related to IPV for women aged 13 years or older.”

Box. Essential Health Care Services for Women Experiencing Intimate Partner Violence (IPV)

- Universal IPV screening and inquiry
- Universal IPV education
- Safety planning
- Forensic medical examinations
- Emergency medical care
- Treatment of physical injuries
- Reproductive health care, including all forms of US Food and Drug Administration–approved contraception and pregnancy termination
- Screening and treatment for sexually transmitted infections and HIV infection
- Treatment for substance use disorders and addiction care
- Pharmacy and medication management
- Obstetric care, including perinatal home visits
- Primary and specialty care
- Mental health care
- Support services, including shelter, nutritional assistance, and childcare
- Dental care

Iraola E, Menard JP, Chariot P.

Experience of Pelvic Examination and Uptake of Gynecological Care Following Domestic or Sexual Violence: a Systematic Review.

Trauma Violence Abuse. 2024:15248380241270038. PMID: [39162217](#)

From a research review of women who had experienced lifetime sexual abuse, “Most reported an association between violence and adverse experiences of pelvic examination, such as discomfort, anxiety, distress, and pain perceptions.” Results were mixed for uptake of gynecological exams, increased or decreased.

Scott S, Brameier DT, Tryggedsson I, et al.

Intimate partner violence: An updated review of prevalence, identification, and screening tools for orthopaedic surgeons and training in medical education.

Injury. 2024 Oct;55(10):111800. PMID: [39121806](#)

“Intimate partner violence is an overlooked, underestimated, and under reported cause of musculoskeletal injury...patients who have experienced IPV may present with fractures, dislocations, and other musculoskeletal injuries that require orthopedic care. As such, orthopedic surgeons are often among the first healthcare providers to encounter victims of abuse...This literature review aims to provide an updated overview of the prevalence of IPV, along with the identification and screening tools available to orthopaedic surgeons for early detection and intervention.”

Heaton LJ, Cheung HJ.

Trauma-Informed Care in Oral Health Care: The role of dental hygienists.

Journal of dental hygiene. 2024;98(4):50-5. PMID: [39137991](#)

“This short report introduces links between traumatic history, poor oral health, and dental care-related fear and anxiety. Additionally, this paper briefly describes how dental hygienists can provide compassionate trauma-informed care to their patients...as is suggested wording for acknowledging a patient's prior trauma and tailoring dental care to accommodate patient experiences and concerns.”

Anonymous.

When the wounds heal but the soul bleeds-A lived experience narrative.

J Psychiatr Ment Health Nurs. 2024 Oct;31(5):701-704. PMID: [38234235](#)

From a first-person narrative of lifelong abuse, “To summarise, I can say that my soul has been left with lifelong bruises that first appeared every time I slipped between the cracks or was bounced around when social services never noticed me when I was a child, when the police never intervened, psychiatry let me down, and all the men who violated me without consequences, and society turned a blind eye. It will take many years of therapy to learn how to live with these bruises, as they will never fully heal. What is done can never be undone...YOU can make a difference to another person's life simply by DARING TO ASK, DARING TO LISTEN TO THE ANSWER and DARING TO STAY PUT!!! And with these words, I want to say that if my experiences can help just one woman, then my life has been worth it.”

McLindon EV, Spiteri-Staines A, Hegarty K.

Domestic, family and sexual violence polyvictimisation and health experiences of Australian nurses, midwives and carers: a cross-sectional study.

BMC Public Health. 2024;24(1):2290. PMID: [39174914](#)

“5,982 participants (from a study of 10,674 Australian nurses, midwives and carers) had experienced at least one type of lifetime violence; half (50.1%) had experienced two or three types (polyvictimisation). Survivors of child abuse were three times more likely to experience both intimate partner violence and non-partner adult sexual assault. Any violence was associated with poorer health and well-being...Violence in the last 12-months was associated with the poorest health and well-being...underscores the need for more accessible and effective workplace interventions to prevent and mitigate psychosocial ill health.”

Dheensa S, Doughty J, Gregory A.

Healthcare professionals as domestic abuse survivors: workplace impact and support-seeking.

Occup Med (Lond). 2024 Aug 21;kqae070. PMID: [39167918](#)

From an online survey of UK healthcare professionals (including RNs, MD, pharmacists, etc.), “Among the 192 HCP [health care professional] survivors who responded, all abuse subtypes--psychological, sexual, economic and physical--were common. Ninety per cent of abusers were male (ex)partners. Eighty-five per cent reported abusers directly interfered with their work and 92% reported their work and career were affected. Almost all reported physical and mental health consequences. Eighty-nine per cent reported their own experiences shaped their responses to patient survivors. On average, per year, HCP survivors reported they had 13 sick days, 5 days' leave, 10 days' lateness and 6 days' early departure due to DA. Only 20% reported their workplace had a staff DA policy, and over 50% were unsure what workplace support mechanisms were available. Just over half disclosed at work; concerns that others would question their fitness to practice were common. Twenty-two per cent reported aspects of work, for example, long hours, stopped them from seeking support outside work. HCPs face unique barriers to DA disclosure and support-seeking and may benefit from tailored support from specialists who understand both DA and the healthcare context.”

Haider S.

Courage is contagious: we need to talk about the domestic abuse experienced by female doctors in the NHS.

Bmj. 2024;386:q1800. PMID: [39147397](#)

“The NHS [British National Health Service] is one of the largest employers of women in the world. Research suggests that healthcare professionals, such as female nurses, are three times more likely to experience domestic abuse than the average person in the United Kingdom. A UK 10-year femicide census showed that ‘healthcare professional’ was one of the most common occupations of victims. It has been suggested that traits often found in healthcare professionals, such as empathy and compassion, may increase vulnerability to abuse. Being ‘resilient’, as required in medical roles, can result in people tolerating abusive relationships for longer. Yet research into domestic abuse among doctors has been largely ignored...it remains an uncomfortable, emotive, and highly stigmatised issue.”

Prevention

Volkow ND, Gordon JA, Bianchi DW, et al.

The HEALTHY Brain and Child Development Study (HBCD): NIH collaboration to understand the impacts of prenatal and early life experiences on brain development.

Developmental cognitive neuroscience. 2024;69:101423. PMID: [39098249](#)

“Several NIH Institutes, Centers, and Offices collaborated to support and launch the HEALTHY Brain and Child Development (HBCD) Study...that will examine human brain, cognitive, behavioral, social, and emotional development beginning prenatally and planned through early childhood... Knowledge gained from the HBCD Study will help identify targets for early interventions and inform policies.”

Edwards KM, Waterman EA, Wheeler LA, et al.

Preventing Adverse Childhood Experiences in a Sample of Largely Indigenous Children.

Pediatrics. 2024 Sep 1;154(3):e2023065412. PMID: [39136077](#)

“The Tiwahe Wicagwicayapi program (TWP) is a 7-session program that teaches skills to prevent ACEs and is rooted in Lakota culture, language, and history...compared with control participants, there were reductions in the incidence of child ACEs, bullying victimization, depression, and externalizing behaviors; and increased parent-child communication and child help-seeking behaviors. For caregivers, the program prevented IPV

victimization and perpetration, harsh parenting, and depression; and increased emotion regulation, social support, and cultural connection.”

Ayano G, Rooney R, Pollard CM, et al.

Risk and protective factors of youth crime.

Clin Psychol Rev. 2024;113:102479. PMID: [39178756](#)

From a research review of risk and protective factors of youth crime, “11 factors were supported...Evidence of association was highly suggestive (class II) for substance use (odds ratio [OR] = 2.29), previous history of crime (OR = 2.03), moral development (OR = 3.98), psychopathology (OR = 2.22), adverse childhood experiences (OR = 1.37), poor parental supervision (OR = 1.85), maltreatment or neglect (OR = 1.34), attachment (OR = 1.94), and school bullying (OR = 2.50); and suggestive (class III) for peer pressure (OR = 2.11) and supportive school environments (OR = 0.56).”

Researchers

Remmers MCC, Reijs RP, Hoebe C.

Defining and distinguishing early life stress, trauma, adversity, toxic and chronic stress and allostatic load.

Scand J Public Health. 2024;14034948241260105. PMID: [39087715](#)

“Our main objectives were to determine how selected stress concepts (chronic stress, toxic stress, allostatic load, early life stress, childhood adversity, childhood trauma and adverse childhood experiences) are defined, operationalized and described, and to provide a theoretical context to aid the choice for a preferred concept in public health research...Conclusions: ACEs seem most fitting for public health setting, due to their operationalizability, large set of core experiences and widespread use.”

Lemons J, Saravanan M, Tumin D, Anyigbo C.

Caregiver Report of Adverse Childhood Events: Comparison of Self-Administered and Telephone Questionnaires.

Children and youth services review. 2024;163. PMID: [39157649](#)

“This study compares data on the prevalence of ACEs from two publicly available surveys conducted on the same population of children's caregivers...We find higher disclosure of caregiver-reported child exposure to ACEs in the telephone interview survey [vs. a mailed/web survey], highlighting the importance of the role of verbal communication in developing a safe and trusting relationship in the disclosure of trauma.”

Elklit A, Petterson M, Petersen AS, Nielsen T.

Is there consensus on child violence exposure measures? A study of six recommended instruments.

European journal of psychotraumatology.

2024;15(1):2392414. PMID: [39195629](#)

“A systematic review published in 2023 recommended six child and adolescent self-report violence against children (VAC) measures [the Adverse Childhood Experiences (ACE), Childhood Trauma Questionnaire – Short Form (CTQ-SF), Parent–Child Conflict Tactics Scale (CTS-PC), Childhood Experiences of Care and Abuse Questionnaire (CECA.Q), ISPCAN Child Abuse Screening Tool (ICAST), and Juvenile Victimization Questionnaire (JVQ)]...The overall overlap between the six measures was 25%...The lack of overlap among measures reflects a heterogeneity of definitions and purposes. It also impedes progress in research, as comparisons between various studies are difficult to make in a valid and reliable way.”

McGuire A, Singh M, Jackson Y.

Let it go, let it go: Stop measuring child maltreatment as a binary yes/no.

Child Abuse Negl. 2024;155:106994. PMID: [39154601](#)

“The current paper sought to progress the field of CM [child maltreatment] and trauma research forward by reviewing several lines of research demonstrating why the use of a binary yes/no CM measurement approach is problematic...The ethical and clinical implications of a CM binary measurement approach are also discussed. Several recommendations for the field are provided on how researchers can improve the measurement of CM and ensure that accurate and replicable studies are being published.”

Schapansky E, Roets A, De Caluwé E, Vandeviver C.

Development of a Measure of Anti-Rape Attitudes as a Potential Protective Factor Against Rape Perpetration.

J Interpers Violence. 2024;8862605241270031. PMID: [39180312](#)

“This research describes the development of a new scale designed to measure anti-rape attitudes (ARA) in young heterosexual men...The ARA scale exhibits strong negative correlations with rape myth acceptance and hostile sexism, and strong positive correlations with positive consent attitudes, supporting the scale's construct validity...The development of this new scale enables a more comprehensive assessment of the risk of rape perpetration and opens up new avenues for research on protective factors against rape.”

Other of Interest

Mathersul DC, Zeitzer JM, Schulz-Heik RJ, Avery TJ, Bayley PJ.

Emotion regulation and heart rate variability may identify the optimal posttraumatic stress disorder treatment: analyses from a randomized controlled trial.

Front Psychiatry. 2024 Feb 8;15:1331569. PMID: [38389985](#)

For 85 US veterans with clinically significant PTSD symptoms, “Veterans with poorer autonomic regulation [regulation of the autonomic nervous system in charge of heart rate, breathing, etc.] prior to treatment had better PTSD outcome with a yoga-based intervention, whereas those with better autonomic regulation did better with a trauma-focused psychological therapy. Findings show potential for the use of heart rate variability in clinical practice to personalize PTSD treatment.”

Restrepo MT, Padilla D, Ungemack J, Schensul S.

Armed conflict effects in intimate partner violence: Revealing pathways using the socioecological framework.

Glob Public Health. 2024;19(1):2394822. PMID: [39188099](#)

“We explored 47 women's narratives about their experiences as victim-survivors of multiple forms of armed conflict violence and intimate partner violence (IPV) in Colombia...At the societal level, armed conflict events amplified patriarchal notions and intensified men's expressions of hypermasculinity through violence. At the community level, rules imposed by armed groups excused IPV if women did not comply with their traditional gender roles as wives and caretakers. At the relationship level, husbands/partners blamed victim-survivors of sexual violence perpetrated by armed groups, which intensified IPV situations. At the individual level, the armed conflict generated high levels of stress that contributed to increasing IPV. Results highlight the need to recognise armed conflict as an IPV risk factor that penetrates multiple socio-ecological domains.”