

ABUSE RESEARCH

For archive and to sign up for distribution list:

<http://abuseresearch.info/>

Questions: Harise Stein, MD harise@stanford.edu

Child Abuse

Riccardi JS, Hale M.

Adverse childhood experiences and brain injury in younger children: Findings from the 2021-2022 National Survey of Children's Health.

Brain injury. 2024;1-10. PMID: [39383436](#)

From a large national survey, "Brain injury risk was found to increase with an increasing number of ACEs for children under 12 years old in the US. This association was strongest for children 6–11 years old not involved in sports, compared to sports-involved children. Children with co-occurring brain injury and ACEs were found to have worse health and educational outcomes compared to children with brain injury who have not experienced an ACE. Together, these findings support the need for caregiver education on and screening for brain injury in families experiencing ACEs, as well as continued research and implementation of timely assessment and intervention of associated difficulties to improve functioning and long-term outcomes."

Focardi M, Gori V, Romanelli M, et al.

"Mimics" of Injuries from Child Abuse: Case Series and Review of the Literature.

Children (Basel). 2024 Sep 9;11(9):1103. PMID: [39334635](#)

Six cases of abuse "mimics" out of 418 cases of suspected mistreatment (1.43% of cases) were identified, which included 3 cases of alternative healing treatments such as cupping (using a warm cup on the skin which can result in bruising), and 3 cases of genital lichen sclerosis et atrophicus (a vulvar skin disorder resulting in thinning and easy cracking and bleeding) misdiagnosed as sexual abuse.

Boswell E, Crouch E, Odahowski C, Hung P.

Examining the Association Between Adverse Childhood Experiences and ADHD in School-Aged Children Following the COVID-19 Pandemic.

Journal of attention disorders. 2024;10870547241290673.

PMID: [39422221](#)

From a large national survey of children 5-17 years old 2021-2022, children with ADHD were more likely to experience every type of ACE. Children with 4+ ACEs were 3.44 times more likely to have an ADHD diagnosis. "Male children, children with fair or poor health, and children living in rural counties were more likely to have an ADHD diagnosis, while children of color and uninsured children were less likely...These findings highlight the need for clinicians to consider traumatic stress in ADHD screening. Policymakers and early childhood organizations should encourage early screening and intervention for ACEs to reduce the impacts of ADHD diagnoses."

Ayer L, Hassler G, Ohana E, et al.

Longitudinal trajectories of suicidal ideation among child welfare-involved 7- to 12-year-old children.

J Child Psychol Psychiatry. 2024;65(11):1453-65. PMID: [38659338](#)

Of 2186 children involved in the child welfare system, those with persistent suicidal ideation across 3 waves of data were more likely to be female, have both internalizing and externalizing problems, and to have experienced severe physical abuse.

Table 2 Mean age and percentage of the sample reporting suicidal ideation at each study wave

Wave	Percentage of sample reporting suicidal ideation	Age mean (SD)
1	27.58	9.48 (1.70)
2	22.28	10.76 (1.75)
3	19.37	12.28 (1.75)

Baldwin R, Baidawi S, Grove C, et al.

Differences in ambulance attendances between children with and without an identified history of out-of-home-care.

Child Abuse Negl. 2024;158:107086. PMID: [39442375](#)

For 27,565 Australian children 0-17 years old, out of home care (OOHC) was associated with multiple "ambulance attendances" (increase utilization of emergency care) due to "higher co-occurrence of substance-related harms, violence, self-harm, suicide ideation and attempts, a developmental or intellectual disability, and mental health conditions compared with children without OOHC history."

Adult Manifestations of Child Abuse

Kurbatfinski S, Dosani A, Dewey DM, Letourneau N.
Proposed Physiological Mechanisms Underlying the Association between Adverse Childhood Experiences and Mental Health Conditions: A Narrative Review.

Children (Basel, Switzerland). 2024;11(9). PMID: [39334644](#)
“The purpose of this narrative review was to synthesize and critique the peer-reviewed literature on physiological mechanisms proposed to underlie the impacts of ACEs on mental health, specifically: (1) hypothalamic-pituitary-adrenal axis functioning [stress hormones], (2) inflammation, (3) genetic inheritance and differential susceptibility, (4) epigenetics [cell life span], (5) brain structure and function, (6) oxidative stress [the ability of a cell to detoxify and repair cellular damage], and (7) metabolic profiles [functioning of the body, relating to disease risk and outcome].”

Babatunde OA, Gonzalez K, Osazuwa-Peters N, et al.
Adverse Childhood Events Significantly Impact Depression and Mental Distress in Adults with a History of Cancer.

Cancers (Basel). 2024;16(19). PMID: [39409912](#)
From a database of 14,132 adult cancer survivors, 22% of respondents reported experiencing ≥ 3 ACEs. The prevalence of depression was 21.8%. Compared with cancer survivors who had experienced 0 ACEs, those who had experienced ≥ 3 ACEs were 3.94 times more likely and for 1-2 ACEs 1.85 times more likely to report depression.

Ranallo L, Pathak HB, He J, et al.
Feasibility Study of Adverse Childhood Experiences, Treatment-Related Sequelae, and Inflammatory Markers in Breast Cancer Survivors.

Oncol Nurs Forum. 2024;51(6):516-28. PMID: [39431688](#)
For 120 breast cancer survivors 3 or more years from diagnosis with complete treatment response, “Higher ACE scores correlated with greater fatigue, anxiety, and depression, and with lower cognitive function...Oncology nurses should consider incorporating ACEs assessment into the workflow for women receiving survivorship care.”

Carola V, Vincenzo C, Di Vincenzo G, et al.
Psychological risk factors and cardiovascular disease.

Frontiers in psychology. 2024;15:1419731. PMID: [39403242](#)
This research review assessed the impact of psychological risk factors on cardiovascular disease, including workplace stress, post-traumatic stress disorder, Takotsubo syndrome [stress effects on

heart, mimicking a heart attack], bereavement, coping strategies, attachment, personality traits, ACEs, anxiety and depression.

Esterov D, Persaud TD, Dens Higano JC, et al.
Exposure to Adverse Childhood Experiences Predicts Increased Neurobehavioral Symptom Reporting in Adults with Mild Traumatic Brain Injury.

Neurotrauma Rep. 2024;5(1):874-82. PMID: [39391050](#)
For 78 individuals with mild traumatic brain injury presenting for treatment to an outpatient multidisciplinary rehabilitation clinic, after adjusting for age and gender, those with a history of ACEs reported significantly increased neurobehavioral symptoms on intake.

Venkatesan UM, Juengst SB.
Adverse childhood experiences in adults with chronic traumatic brain injury: Support for a life course approach to brain injury rehabilitation.

Disability and health journal. 2024:101714. PMID: [39406646](#)
For 85 Philadelphia-area participants with chronic (>1 year post-injury) traumatic brain injury (TBI), “The median number of total ACEs was 3 (range: 0-17). Emotional abuse, physical abuse, and alcohol abuse in the household were the most common conventional ACEs (each at 36.5 %). Witnessing violence (45 %) was the most common community ACE. Black individuals reported more community ACEs than White individuals. Total ACEs was significantly related to more severe mental health symptoms and poorer health-related quality of life... results underscore the value of trauma-informed and life course approaches to research and clinical care in TBI.”

Gorthy AS, Balleste AF, Placeres-Uray F, Atkins CM.
Chronic Stress in Early Development and Effects on Traumatic Brain Injury Outcome.

Adv Neurobiol. 2024;42:179-204. PMID: [39432043](#)
“Complete recovery from mTBI [minimal traumatic brain injury] normally requires days to weeks, yet a subset of the population suffers from symptoms for weeks to months after injury. The risk factors for these prolonged symptoms have not yet been fully understood. In this chapter, we address one proposed risk factor, early life stress (ELS) and its influence on mTBI recovery...for a deeper understanding of the neuronal, hormonal, and cognitive changes that occur after mTBI following ELS...how adverse childhood experiences may predispose a subset of individuals to poorer recovery after mTBI.”

Adolescents

Forke CM, Ellenbogen R, Thompson KM.

Clinicians' Primer on the Epidemiology of Adolescent Relationship Violence.

Prim Care. 2024;51(4):689-701. PMID: [39448103](#)

“Adolescent relationship violence (ARV) is the use of coercive, controlling, and violent behavior within romantic adolescent relationships. It presents with patterned behaviors that occur in a cyclic fashion. ARV is common across all demographics and encompasses modalities such as physical, sexual, psychological, digital and financial abuse; reproductive coercion, and stalking. Exposure increases risk for serious acute and chronic physical and mental health consequences, including death. In the first article of this 2-part series, the authors describe the social, psychological, and medical context of ARV.”

Forke CM, Ellenbogen R, Thompson KM.

Practical Advice for Addressing Adolescent Relationship Violence During Clinical Encounters.

Prim Care. 2024;51(4):703-13. PMID: [39448104](#)

“This second article in a two-part series provides clinical context for ARV [adolescent relationship violence] to assist clinicians who are caring for adolescents and offers practical advice based on current recommendations. Communicating with teens and families about confidentiality and mandated reporting requirements is paramount, and providers must be familiar with documentation and legal nuances...because ARV occurs frequently across all genders and few teens identify or self-report ARV, providing universal education to all teens can overcome barriers associated with delayed disclosure and intervention.”

Cheng SY, Gerassi LB.

The roles of dating and victimization on adverse mental health among teens: Survey findings during the COVID-19 pandemic.

J Adolesc. 2024;96(7):1628-41. PMID: [38976294](#)

“This study analyzed 2021 survey data collected from a representative sample of 9th-12th grade students (n = 10,792) from 24 high schools in a US Midwestern state...Youths reported mental health concerns and victimizations at considerable rates during the COVID-19 pandemic when in-person interactions were limited. Those who experienced dating violence were at a higher risk of reporting other victimizations (i.e., unwanted sexual comments, unwanted sexual contact, sexual photos/videos, sex trading for compensation,

discrimination, and bullying). The number of victimizations demonstrated a cumulative effect on teen mental health...victimizations may transfer from in-person forms to virtual forms. Implications for individual and community prevention and interventions are discussed.”

Brem MJ, Tobar-Santamaria A, Shaw TJ, Mongan L.

The Proximal Association Between Cyber and In-Person IPV Among College Students.

J Interpers Violence. 2024;8862605241284663. PMID: [39376064](#)

Of 60 consecutive days of surveys from 236 college students, cyber IPV perpetration was positively associated with odds of same-day psychological IPV perpetration (adjusted odds ratio = 2.46) and next-day sexual IPV perpetration (aOR = 3.32). “Results demonstrate that college students experience IPV both online and in-person within a single day. Cyber IPV may be a targetable antecedent to in-person sexual and psychological IPV.”

Lee RD, Luo F.

Parental incarceration in childhood and adult intimate partner violence perpetration.

Crim Justice Behav. 2023;50(11):1661-78. PMID: [39350968](#)

Using data from a large national adolescent study, “Exposure to PI [parental incarceration] was significantly associated with increased risk of all IPV perpetration behaviors in adulthood, except forced sex. The association of PI exposure with issuing threats, pushing, and throwing objects did not differ by race/ethnicity or sex. Associations of PI exposure with slapping, hitting, or kicking and injuring a partner were stronger for non-Hispanic White persons than for non-Hispanic Black persons. Differing patterns of elevated violence risk in adults with PI history suggest tailored preventive strategies may be of value.”

Farooq B, Russell AE, Howe LD, et al.

The relationship between type, timing and duration of exposure to ACEs and adolescent self-harm and depression.

J Child Psychol Psychiatry. 2024 Oct;65(10):1369-1387. PMID: [38613494](#)

Across three different UK studies, the majority of ACEs were associated with co-occurring self-harm and depression in adolescents, with consistent findings across the studies. Details of studies showed differences in timing and exposure duration; for example longer duration of exposure to parental mental health problems was strongly associated with co-occurring self-harm and depression in two of the studies.

Haslam SK, Hamilton-Hinch B, Torres S, et al.
ACEs, maladaptive coping behaviours and protective factors in undergraduate students: A cross-sectional study.

J Am Coll Health. 2024;1-12. PMID: [39383094](#)

For 327 Canadian college students, 42.5% reported 3+ ACEs. “Respondents with high ACEs and low levels of protective factors reported lower levels of hope and forgiveness and higher levels of stress and rumination.”

Ghaffari A, Graves KY, Hogans-Mathews S, et al.

Associations of adverse childhood events with disordered eating behaviors among US adolescents.

Eat Behav. 2024;55:101929. PMID: [39447402](#)

Using data from a large US survey of children aged 10-17, “This study’s results demonstrated a dose-response relationship between the number of ACEs and the odds of reporting any DEB [disordered eating behaviors including skipping meals or fasting, low interest in food, and binge eating]...Thus, it is imperative to use opportune times such as primary care office visits to intentionally identify and address both ACEs and DEBs in this population.”

Domestic Violence – Effects on Children

Clark I, Nahmias J, Jebbia M, et al.

Incidence and Outcomes of Pregnant Trauma Patients With Positive Urine Toxicology: A Southern California Multicenter Study.

Am Surg. 2024;31348241290612. PMID: [39392904](#)

In a multicenter study of 852 pregnant trauma patients, 9.8% had a positive urine toxicology screen (Utox), with the most common substances being THC (57%) and Methamphetamine (44%). Those with +Utox were more likely to have higher rates of blunt head injury (9.5% vs 4.2%), extremity injury (14.3% vs 6.5%), domestic violence (21.4% vs 5.9%), suicide attempt (3.6% vs 0.3%), and uterine contractions (46% vs 23.5%). However, they did not have higher rates of abnormal fetal heart tracing, premature rupture of membranes, placental injury, or maternal complications.

Scott SE, Laubacher C, Chang J, et al.

Perinatal Economic Abuse: Experiences, Impacts, and Needed Resources.

J Womens Health (Larchmt). 2024 Nov;33(11):1536-1553.

PMID: [39037010](#)

From interviews with 20 IPV survivors and 18 IPV advocates, “Participants described experiences of

financial control, exploitation, and employment sabotage. Partners leveraged the criminal-legal, child welfare, and health care systems and cultural norms about pregnancy, including those related to gender and religion to financially harm survivors. Advocates described how economic abuse impacts marginalized survivors. Dream resources include cash assistance, healthy relationship and financial education, and employer policies.” Impacts of financial abuse included inability to care for health during pregnancy, and lack of options to leave.

Anderson KN, Chen MS, Swedo EA, et al.

Child-Focused and Economic Stability Service Requests and Barriers to Service Access Among Intimate Partner Violence Survivors With and Without Children, 2017-2021.

J Fam Violence. 2024;39(6):1145-63. PMID: [39445137](#)

From an analysis of calls to the Domestic Violence Hotline, 42.6% reported having a child at home. Survivors with children compared to those without children reported greater polyvictimization, were more likely to request economic stability services, and were more likely to report service access barriers. “IPV survivors with children need additional supports; organizations serving IPV survivors with children may consider the unique needs of this population.”

Zivin K, Zhong C, Rodríguez-Putnam A, et al.

Suicide Mortality During the Perinatal Period.

JAMA Netw Open. 2024 Jun 3;7(6):e2418887. PMID:

[38935375](#)

Using data from the National Violent Death Reporting System on suicide during the perinatal period, “This study included 1150 perinatal decedents: 39.6% were pregnant at death, 17.7% were pregnant within 42 days of death, and 42.7% were pregnant within 43 to 365 days before death...The mean age was 29.1 years for perinatal decedents and 35.8 years for nonperinatal decedents. Compared with matched nonperinatal decedents, perinatal decedents had higher odds of the following identified contributing circumstances: intimate partner problems (odds ratio [OR], 1.45), recent argument (OR, 1.33), depressed mood (OR, 1.39), substance abuse or other abuse (OR, 1.21), physical health problems (OR, 1.37), and death of a family member or friend (OR, 1.47). The findings of the qualitative analysis emphasized the importance of mental health and identified 12.4% of decedents with postpartum depression.”

Murgueitio N, Sheridan MA, Bauer DJ, Propper CB.
Developmental mechanisms linking deprivation and threat to psychopathology and school outcomes.

Dev Psychopathol. 2024;1-12. PMID: [39429002](#)

“In this longitudinal study of 206 mother-child dyads...across the first 7 years of life, threat was measured by the presence of domestic violence, and deprivation by the lack of cognitive stimulation within the parent-child interaction...children who experienced more deprivation showed poor academic achievement through difficulties with executive function, while children who experienced more threat had higher levels of psychopathology through increased emotional reactivity.”

Domestic Violence – Physical Health

Esopenko C, Jain D, Adhikari SP, et al.
Intimate Partner Violence-Related Brain Injury: Unmasking and Addressing the Gaps.

J Neurotrauma. 2024 Oct;41(19-20):2219-2237. PMID: [38323539](#)

“A significant proportion of women exposed to IPV experience IPV-BI [brain injury], likely representing a distinct phenotype compared with BI of other etiologies. An IPV-BI often co-occurs with psychological trauma and mental health complaints, leading to unique issues related to identifying, prognosticating, and managing IPV-BI outcomes. The goal of this review is to identify important gaps in research and clinical practice in IPV-BI and suggest potential solutions to address them.”

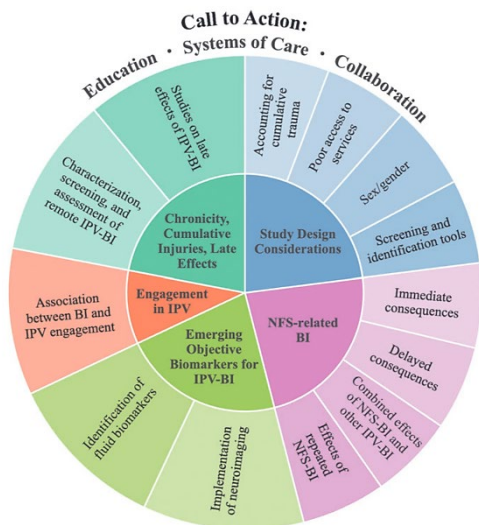


FIG. 1. Key priority areas and knowledge gaps in the study of intimate partner violence-related brain injury (IPV-BI). NFS, non-fatal strangulation. Color image is available online.

Clarke ADA, Copas C, Hannon O, et al.
Detecting a shadow pandemic: The current state and future direction of screening and assessment tools for intimate partner violence-related brain injury.

Neurosci Biobehav Rev. 2024;105912. PMID: [39368636](#)

“IPV-BI can encompass both mild traumatic brain injury (mTBI) and non-fatal strangulation (NFS), but IPV-BI often goes undetected and untreated due to a number of complicating factors. Therefore, the clinical care and support of IPV victim-survivors could be enhanced by BI screening and assessment in various settings (e.g., first responders, emergency departments, primary care providers, rehabilitation, shelters, and research)...Here we overview the seven available tools that have been used for IPV-BI screening and assessment purposes, including the BISA, BISQ-IPV, BAT-L/IPV, OSU TBI-ID, the HELPS, and the CHATS, and outline the advantages and disadvantages of these screening tools in the clinical, community, and research settings.”

Daugherty JC, García-Navas-Menchero M, et al.
Tentative Causes of Brain and Neuropsychological Alterations in Women Victims of Intimate Partner Violence.

Brain sciences. 2024;14(10). PMID: [39452010](#)

“Victims of Intimate Partner Violence Against Women (IPVAW) experience neuropsychological and cerebral changes, which have been linked to several tentative causal mechanisms, including elevated cortisol levels [stress hormones], psychopathological disorders, traumatic brain injury (TBI), hypoxic/ischemic brain damage, and medical conditions related to IPVAW...they manifest with unique characteristics in women affected by IPVAW. Specifically, IPVAW is chronic and repeated in nature, and mechanisms are often cumulative and may interact with other comorbid conditions...we propose a new theoretical model-the Neuro-IPVAW model. This framework aims to explain the complex interplay between these mechanisms and their impact on cognitive and brain health in IPVAW victims.”

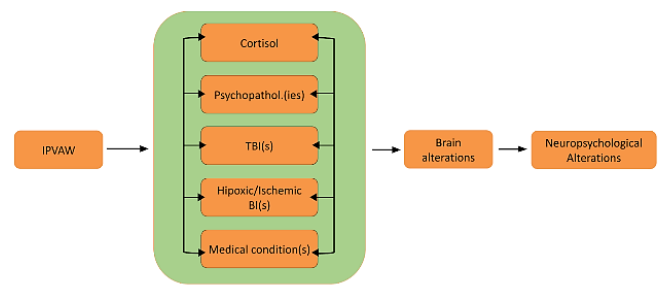


Figure 1. The Neuro-IPVAW model: Tentative mechanisms of brain and neuropsychological alterations in intimate partner violence against women. Note. BI: Brain injury; IPVAW: Intimate Partner Violence Against Women; TBI: Traumatic brain injury.

Sun M, Symons GF, Spitz G, O'Brien WT, Baker TL, Fan J, et al. **Pathophysiology, blood biomarkers, and functional deficits after intimate partner violence-related brain injury: Insights from emergency department patients and a new rat model.**

Brain Behav Immun. 2024;123:383-96. PMID: [39349286](#)

Authors analyzed blood biomarkers and symptoms of brain injury in intimate partner violence patients presenting to an emergency department within 72 h of concussion. "Intimate partner violence concussion patients, some of whom had also experienced a concomitant strangulation, had elevated serum neurofilament light and worse brain injury symptoms compared to: healthy controls, orthopedic trauma, and non-intimate partner violence concussion groups. We also developed the first rat model...Rats exposed to combined strangulation and concussion had exacerbated motor and cognitive deficits, neuroinflammation... rodent findings demonstrate that a concomitant strangulation modifies and exacerbates concussion pathophysiology, biomarkers, and functional consequences."

Domestic Violence – Mental Health

Clements PT, Mitchell SA, Janson A.

Enhancing Mental Health Assessment for Non-Fatal Strangulation in Clients with a History of Intimate Partner Violence.

Issues Ment Health Nurs. 2024:1-6. PMID: [39447119](#)

"Traumatic brain injury (TBI) and nonfatal strangulation are often unrecognized forms of IPV and can lead to significant short and long-term neurologic sequelae. It is possible that some mental health disturbances and anxiety symptoms may be better explained as a medical consequence of TBI and repeated NFS [non-fatal strangulation]. In such cases, providing psychopharmacological treatment might help the patient with the symptoms, but will not address the underlying cause. This reinforces the critical need for mental health nurses to not only assess for IPV, but simultaneously screen for TBI-related neurological disorders and injuries."

Pebble MM, Beck BM, Mahoney CT, Iverson KM.

Improvements in Safety Outcomes Following Brief Healthcare-Based IPV Interventions among Women Who Screen Positive for IPV-Related Traumatic Brain Injuries.

Brain sciences. 2024;14(10). PMID: [39452022](#)

"We explored the impact of IPV-related TBI status on safety-related outcomes in two healthcare-based

IPV interventions. At baseline, 35% of the sample screened positive for IPV-related TBI history...at 1-month follow-up...women with IPV-related TBI history experienced larger reductions in physical IPV and similar reductions in sexual IPV across both treatment conditions compared to women without IPV-TBI." The first intervention was RISE, a motivational interviewing intervention that included up to 6 sessions in which participants chose six modules on which to focus. The second intervention was ECAU, a single 60 min session with a provider, during which participants received an IPV educational brochure and community resources and were offered safety planning. Providers discussed the different forms of IPV and the effects of IPV on physical, mental, and social health.

Elder/Dependent Adult Abuse

Popescu D, Mellen E, Ander I, et al.

Caring for Traumatized Elders.

Prim Care Companion CNS Disord. 2024 Apr 23;26(2):23f03643. PMID: [38684015](#)

Using a case study of an elderly female patient nicking prior to surgery and leaving the hospital, and subsequently disclosing a history of sexual assault that she had never revealed, and which had been triggered by her being undressed by the nurse, authors discuss manifestations of trauma in elders. "Compared with younger adults, older adults with PTSD report less severe symptoms, fewer intrusive thoughts, and less avoidance, while endorsing higher levels of hypervigilance and more somatic [physical] symptoms. Subthreshold PTSD is far more common than full PTSD, and it is also associated with impaired psychological functioning...older adults with a trauma history who are experiencing significant stress in the form of illness, loss, life transition, or functional impairment may be vulnerable to increased symptom severity...Medical examinations or procedures may serve as triggers for traumatic memories that pose challenges to communication, patient-provider trust, medical examinations, and treatments...trauma-related stress can manifest in physical symptoms that have no apparent medical cause, leading to various unexplained physical complaints...When the principles of TIC are used to guide providers' behavior, patients are more likely to feel safe, empowered, and respected and are thus more likely to collaboratively engage in their care."

Browning WR, Yildiz M, Hernandez Chilatra JA, et al.
Mechanisms Underlying the Use of Abusive and Neglectful Behaviors in Dementia Caregiving: The Role of Caregiver Mental Health.

Res Gerontol Nurs. 2024;17(5):227-36. PMID: [39347758](#)
 From a study of family dementia caregivers over 21 days, “Caregivers with clinically significant depression or anxiety at baseline had higher daily odds of engaging in each type of abusive and neglectful behavior. Worsened depressive symptoms on a given day were associated with increased odds of engaging in psychologically and physically aggressive behaviors on the same day. Worsened anxiety symptoms on a given day were associated with increased odds of psychologically aggressive and neglectful behaviors.”

Sexual Assault

Witherspoon NL, Thorp SR, Shuman T, Stolberg R.
Predictors of Trauma-Related Self-Blame in Male Survivors of Sexual Violence.

J Child Sex Abus. 2024:1-19. PMID: [39420502](#)
 “Male survivors of adult sexual assault and child sexual abuse - together encompassing sexual violence (SV) - experience a number of adverse consequences. High rates of self-blame can lead to increased symptomatology and treatment resistance.” From an online survey of 179 cisgender male survivors of SV, 93% of the sample reported some level of self-blame. Self-blame was strongly associated with rape myth acceptance, with participants who used substances within 12 hours prior to their SV, and with participants who had not previously disclosed their abuse. “The findings of this research highlight the high rates of self-blame and how imperative it is to provide psychoeducation ...and to normalize these experiences.”

Lee H.
State-level structural sexism and adolescent sexual violence victimization in the US.

Child Abuse Negl. 2024;158:107096. PMID: [39423595](#)
 “Structural sexism, a form of gender inequality at the societal level, may play a crucial role in influencing the prevalence of sexual violence victimization...captures the overall gender climate within a state, potentially creating an environment that normalizes gender-based power imbalance.” This study analyzed nine variables by state, that included such data as the male/female ratio for: state legislators, median income, higher education, etc., and then compared adolescent sexual violence

from a large national study. “In states with higher levels of structural sexism, female adolescents reported significantly increased likelihood of sexual violence, sexual dating violence, and physical dating violence compared to males. Conversely, male adolescents in these states reported lower rates of victimization...Addressing structural sexism may be essential in mitigating the risk of sexual violence victimization, especially for female adolescents.”

Human Trafficking

Santiago Mangual KP, Patin E, Chandler M, et al.
Part I: Health issues of those experiencing trafficking: Background and context for dermatologists.

Clin Dermatol. 2024 Sep 27:S0738-081X(24)00197-4. PMID: [39341515](#)

“This paper reviews the current understanding of trafficking, outlines the epidemiology and legal framework surrounding it, and discusses gaps in training for health care providers and policy that may hinder effective identification and intervention. It also explores state and national efforts to incorporate human trafficking education into health care training, emphasizing the need for standardized, trauma-informed approaches within dermatology.” [Online toolkit](#)

Patin E, Santiago Mangual KP, Chandler M, et al.
Part II: Skin signs of human trafficking and intervention by dermatologists.

Clin Dermatol. 2024 Sep 26:S0738-081X(24)00198-6. PMID: [39341512](#)

“We hope to emphasize the importance of early identification and intervention, as well as bring awareness to critical signs, including dermatologic evidence of abuse, infectious diseases, sexually transmitted infections, substance use, and branding. In understanding this, we can bring awareness to dermatologists' critical role in caring for this patient population and their associated cutaneous manifestations.” [Registry of skin signs](#)

The 3 I’s	Description of the 3 I’s
Infections/infestations	Pruritus, excoriations, abscesses, pustules, purulent lesions, induration, fluctuance, erythema, warmth, edema, scaling, crusting, skin discoloration, blisters, signs of scabies, louse infestations, and sexually transmitted infections.
Injury	Strangulation marks, contusions—including bruising on upper arms, around genitalia or buttocks, and/or around eyes; scratches, stab wounds, deep cuts, burns, abrasions, gunshot wounds.
Imagery	Signs of ownership or oppression by tattoos or branding: <ul style="list-style-type: none"> • Trafficker initials or name, gang symbols, crowns, chains, locks • Signs of currency or transaction: barcodes, QR codes, dollar signs, money bags. • Signs of weapons or violence: guns, boxing gloves, and knives. • Signs of romanticism or sentiment: hearts, teddy bears, and flowers.

Santiago Mangual KP, Patin E, Chandler M, et al.
Part III: Navigating an encounter with a trafficked person in the dermatology clinic.

Clin Dermatol. 2024 Sep 26;S0738-081X(24)00199-8. PMID: [39341514](#)

“The third part of this series focuses on navigating encounters with trafficked persons within the dermatology clinic, emphasizing the importance of trauma-informed, patient-centered care. We reviewed the barriers trafficked patients face and mechanisms to overcome them, the importance of comprehensive needs assessments, and the implementation of effective health care protocols.”

Table 1 International Classification of Diseases Tenth Revision, Clinical Modification (ICD-10-CM) codes for sex trafficking and labor trafficking for documentation of encounters with patients who are trafficked.

ICD-10-CM code	Description of code
T74.51	Adult forced sexual exploitation, confirmed
T74.52	Child sexual exploitation, confirmed
T74.61	Adult forced labor exploitation, confirmed
T74.62	Child forced labor exploitation, confirmed
T76.51	Adult forced sexual exploitation, suspected
T76.52	Child sexual exploitation, suspected
T76.61	Adult forced labor exploitation, suspected
T76.62	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victims after forced sexual exploitation
Z04.82	Encounter for examination and observation of victims after forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

LGBTQ Concerns

McMillan IF, Brienzo MJ, Gezinski LB, et al.
Technology-Facilitated Abuse Among College Students: Prevalence and Consequences, and Examinations by Gender and Sexual Identity.

J Interpers Violence. 2024;8862605241287801. PMID: [39376116](#)

From a survey of 1563 college students, technology-facilitated abuse (TFA) was more prevalent among sexual and gender minority students, and the consequences of academic standing, depression, anxiety, and traumatic stress were more severe within this population. “These results suggest that programming takes a dual approach in addressing TFA through reducing TFA exposure and mitigating the impacts of TFA on mental health and other outcomes.”

Race/Cultural Concerns

Addressing Social and Structural Determinants of Health in the Delivery of Reproductive Health Care: ACOG Committee Statement No. 11.

Obstet Gynecol. 2024;144(5):e113-e20. PMID: [39418666](#)

“Unmet social needs can increase the risk of many conditions treated by obstetrician-gynecologists (ob-gyns), including, but not limited to, preterm

birth, unintended pregnancy, infertility, cervical cancer, breast cancer, and maternal mortality. An individual health care professional's biases (whether overt or unconscious) affect delivery of care and may exacerbate and reinforce health disparities through inequitable treatment...Recognizing the importance of social and structural determinants of health can help ob-gyns and other health care professionals to better understand patients, effectively communicate about health-related conditions and behavior, and contribute to improved health outcomes, including patients' experience of care and their trust in the health care system.”

Brooks KC, Raffel KE, Chia D, et al.
Stigmatizing Language, Patient Demographics, and Errors in the Diagnostic Process.

JAMA Intern Med. 2024 Jun 1;184(6):704-706. PMID: [38619826](#)

From a review of 2347 multisite charts of patients who died while hospitalized, diagnostic errors were identified in 23.2%, and stigmatizing language in 5.1%. “Stigmatizing language [SL] was more common among Black patients (9.6%) than among Asian (3.9%) or White (3.8%) patients and among patients with housing instability (15.1% vs 4.9%)...SL was associated with delays in care at presentation (OR, 1.9) and communication with patients and caregivers (OR, 3.8).”

Iversen C, Flinkfeldt M, Hamed S.
Dealing with callers' racialised talk in suicide preventive helplines: Accomplishing (anti)racism in the context of unconditional support.

Sociol Health Illn. 2024 Nov;46(8):1547-1586. PMID: [38861477](#)

From racialized calls to a mental health counselling hotline in Sweden, “This speaks to the complexity of responding to racism in a mental health setting, as counsellors must see to callers' needs, and calling out racialised talk may alienate callers. Call-takers manage this problem in three ways: (1) questioning racialised talk, (2) supporting the callers' stance in a way that makes it ambiguous if call-takers are coproducing racism or affiliating with callers' lives being difficult and (3) supporting callers' problems as mental health issues while resisting a potentially racist trajectory. The study offers direct insight into the workings of racism in health care and how practitioners can balance health care users' needs for support with an antiracist position.”

Gibbons SM, Krase KE, Landzaat LH, Spoozak LA.
Recognizing and Responding to Overt Racism Towards Medical Trainees: Using the IRES Tool and Scripted Language.

MedEdPORTAL. 2024;20:11453. PMID: [39450071](#)

“We aimed to provide methods for faculty to recognize and respond to overt racism so that trainees feel supported in the clinical learning environment...created a faculty development workshop with didactic and experiential learning components...Providing scripted language and being able to practice in a safe environment were particularly important. This training can be adapted to include residents, fellows, and other disciplines.”
[Training materials](#)

Perpetrators

Shelton JLE, Knox BL, Hardie JE, Burd TE, Hoffer TA, Slater KE.
Child torture as a form of child abuse: An exploratory study of investigative aspects among 42 offenders.

Child Abuse Negl. 2024;158:107092. PMID: [39437671](#)

From interviews with 42 child torture (CT) offenders and 35 child torture victims, “Offenders were often female (57 %), most commonly biological mothers (38 %), with a history of violence (57 %). Prior CPS reports were noted in 85 % of cases, less than half of which were substantiated. In over half of the cases (55 %), law enforcement discovered digital documentation of the torture. Over half (54 %) of the victims died as a result of the torture...CT perpetrators inflict a severe, multifaceted type of child abuse that includes extreme physical and psychological maltreatment...includes intense humiliation and terrorization of the targeted child. The unique environmental conditions created (e.g., solitary confinement, forced exercise, position holds and food restrictions), in addition to the victims' perceived omnipotence of the offenders, reflects that CT is distinctly different from other forms of child maltreatment in its premeditation, intent, and ongoing nature. The hallmarks of this severe form of abuse span all facets of the victim's life.”

McDonagh T, Travers Á, Armour C, Cunningham T, Hansen M.
Psychological Predictors of Recidivism for Intimate Partner Violence Perpetrators: A Systematic Scoping Review.

Trauma Violence Abuse. 2024:15248380241284793. PMID: [39396186](#)

From a research review of potential predictors of IPV reoffending, “in general, personality assessment appears to be a promising tool in predicting reoffending. Anger, childhood maltreatment, post-

traumatic stress disorder (PTSD), implicit attitudes, and neurocognitive deficits were also identified as predictors of IPV recidivism. Methodological issues were found to be present across studies.”

Police and Court Systems

Connor RA, Johnson L, Bridgeman M, et al.

Outcomes Associated with Arrest for Domestic Violence: A Systematic Review and Meta-Analysis.

Trauma Violence Abuse. 2024:15248380241284777. PMID: [39394692](#)

“The review finds that much of the research on the impacts of arrest is outdated and lacks diversity in data sources and outcomes, with few studies examining outcomes other than repeat violence. Future research should prioritize an intersectional approach and the perspectives and needs of survivors.”

Dash HR.

Advancements in differentiation between sperm cells and epithelial cells for efficient forensic DNA analysis in sexual assault cases.

Int J Legal Med. 2024;138(6):2209-27. PMID: [38995400](#)

Author describes how advanced cell separation techniques have shown “huge promise” in separating DNA from sperm cells and DNA from non-sperm cells (such as skin cells).

Davidson G, Lee-Gorman M, Davidson A.

The transfer of spermatozoa onto children's underwear during normal domestic laundering activities.

Forensic Sci Int. 2024;364:112250. PMID: [39405819](#)

“This study demonstrated that background levels of semen can be present on children's clothing during domestic laundering activities which include male underwear when there are sexually active males within the household. Further, that semen can persist in the washing machine even after three washes. This study has produced data which will assist forensic scientists to evaluate cases of child abuse in a domestic setting.”

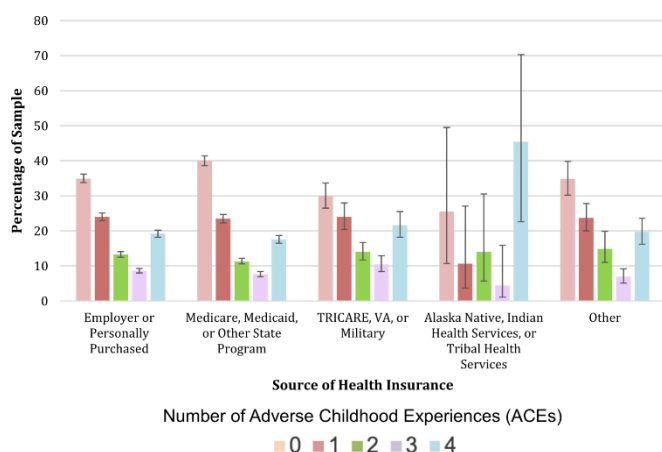
Providers

Yang AW, Blossnich JR.

Differences in Exposures to Adverse Childhood Experiences by Primary Source of Health Care, Behavioral Risk Factor Surveillance System 2019-2020.

Med Care. 2024 Dec 1;62(12):809-813. PMID: [39377691](#)

Using a large national study to estimate the prevalence of adverse childhood experiences (ACEs) among a population-based sample of adults in the United States by their primary source of health care, “Across all health insurance types, at least 60% of individuals reported at least one ACE. The greatest prevalence of patients reporting ≥ 4 ACEs occurred for military-related health care (21.6%) and Indian Health Service (45.4%). ACEs are extremely common across sources of health care, but some health systems have greater proportions of patients with high ACE exposures. The unique strengths and challenges of specific health care systems need to be integrated into the debate about clinical ACEs screening.”



Pines R, Myers KK, Giles H.

Healthcare Professionals' Emotional Labor and Management of Workplace Violence with Underserved Patients in the Safety Net Context.

Health Commun. 2024 Jul;39(8):1558-1567. PMID: [37331974](#)

“Healthcare providers (HP) work in high-stress situations, interacting with patients and families who are often in crisis. HPs who work in safety net clinics, which provide care to uninsured, Medicaid recipients and other vulnerable populations, interact with patients who are frequently frustrated by long wait times, extensive paperwork, short appointments, and have generally lower health literacy. Many patients have chronic conditions and substance use disorders which has been associated with higher likelihood to be perceived as verbally aggressive and/or perpetrate workplace violence. Using interviews with 26 HPs at safety net clinics, we investigated how HPs manage interactions with aggressive patients and avoid burnout...provide

guidance to healthcare organizations, and offer directions for future theory and research.”

Garling KA.

Tools for Success in Experiential Education for Pharm.D. Students with Trauma and Adverse Childhood Events (ACES).

Am J Pharm Educ. 2024;101302. PMID: [39366634](#)

Very practical and useful article. “Preceptor tools for students living with trauma and ACEs are designed to proactively recognize trauma responses, whether they occur in isolated incidences or of a chronic nature. Screening and assessment can identify students preemptively who may need extra support, resources, and tools for academic resilience. Responding to a student's disclosure with a disclosure plan will lay the groundwork for a safe and productive encounter. During the encounter, prevent re-traumatization by being up to date on sensitive and appropriate language while providing daily logistical tools for success.”

Do's and Don'ts for Sensitive Communication to Prevent Re-traumatization.

Don'ts

- Do not expect student survivors to discuss their triggers or story with others.
- Do not expect survivors to disclose details.
- Avoiding triggering, stereotyping, making assumptions, and labeling students.
- Do not question the severity, capacity, longevity, or effects of the trauma such as “How bad was/is it really?”
- Do not make promises that you cannot keep such as “You'll feel better soon”.
- Do not attempt to rescue, give advice, or fix the student.
- Do not force, deceive, or coerce the student in an effort to “save” or “fix” them.
- Do not expect student survivors to recognize their own triggers, trauma responses, or feelings.

Do's

- Do have safety words or actions that can be used to identify times of trauma response or triggers.
- Do keep an open-minded and be non-judgmental of unfamiliar narratives.
- Do ask permission for further questions.
- Ask only questions pertinent to your role as an educator.
- Do understand that trauma is unique to everyone and is a subjective experience.
- Provide appropriate reporting modalities and mental health services for your practice's college, community, and state.
- Respect the survivor's personal boundaries.
- Have feeling/emotion word banks or charts to identify feelings.

Hickey J, White M, Gantz S.

Best Practices in the Nursing Care of Patients With Injuries From Violence: An Integrative Review.

Crit Care Nurse. 2024 Oct 1;44(5):32-41. PMID: [39348930](#)

“Themes included identifying patients as survivors of intimate partner violence or child abuse, the need to collect forensic evidence, the need for emotional support of patients and their loved ones, support for health care workers caring for patients with injuries from violence, prevention of further violence, and the challenges of caring for patients with injuries from violence with concurrent substance use disorders...Health care workers can experience strong emotional responses when caring for these patients, and health care systems should support staff by caring for their mental health...Best practices for these aspects of care are summarized.”

Prevention

Alrimawi I, Bettini E, Taylor C, Saifan AR, Al-Yateem N.

Insights Into Child Abuse and Neglect in the Washington DC, Maryland, and Virginia (DMV) Area: Evidence and Opportunities.

Global pediatric health. 2024;11:2333794x241284029. PMID: [39372488](#)

“This review emphasizes the need for standardized reporting mechanisms, economic investment in public health, and intersectoral collaboration. It recommends targeted support for at-risk families, specialized care for vulnerable children, and the development of predictive screening tools. Continuous research on regional and cultural factors and the pandemic's impact is crucial for future resilience. Addressing child abuse and neglect requires a comprehensive approach involving prevention, early detection, intervention, and policy reform to safeguard the well-being of children.”

Yu JJ, Zhang Z.

Long-term impact of adverse childhood experiences and perceived social support on depression trajectories.

J Affect Disord. 2024 Sep 27;369:255-264. PMID: [39341289](#)

From a large national study of US 7th--12th graders, “childhood maltreatment and physical violence victimization were positively associated with an increase in depression from adolescence to young adulthood. Conversely, social support and school belongingness showed a negative association with depression, indicating their protective effects over time...with females showing increased vulnerability to the negative relations between early stressful environments and depression. Conversely, they

seemed to benefit more from school belongingness and social support in mitigating depression.”

Buchanan M, Newton-Howes G, Cunningham R, et al.

The role of social support in reducing the long-term burden of cumulative childhood adversity on adulthood internalising disorder.

Soc Psychiatry Psychiatr Epidemiol. 2024 Dec;59(12):2165-2175. PMID: [38687359](#)

From a long-term New Zealand study, social support reduced the dose-response impact of childhood adversity on adult mental health, including major depression and any anxiety disorder, “and is therefore a target for future work examining potential interventions following childhood adversity”. Social support was measured by both the total number of male and female friends the participant had, and also how many people would provide various types of support in certain circumstances, such as being home ill in bed for an extended time.

Helle S, Tanskanen AO, Coall DA, et al.

Investment by maternal grandmother buffers children against the impacts of adverse early life experiences.

Sci Rep. 2024 Mar 21;14(1):6815. PMID: [38514748](#)

Using English and Welsh population data, “When children had faced multiple adverse early life experiences, the investment of maternal grandmothers reduced, but could not fully erase, their emotional and behavioral problems. No such result was observed in the case of the investment of other grandparent types. These findings indicate that in adverse environmental conditions the investment of maternal grandmothers can improve child wellbeing.”

Abate BB, Sendekie AK, Tadesse AW, et al.

Resilience after adversity: an umbrella review of adversity protective factors and resilience-promoting interventions.

Frontiers in psychiatry. 2024;15:1391312. PMID: [39429523](#)

“The findings of this umbrella review revealed that people who experienced early adversity can develop resilience later in life. The study highlights the need to consider adversity protective factors, such as availability of support (family, friends, and school), cognitive ability, community cohesion, positive self-perception, religious involvement, and self-regulation; and resilience-promoting interventions, including CBT interventions, mindfulness-based interventions, and mixed interventions.”

Researchers

Brener ND, Mpfu JJ, Krause KH, et al.

Overview and Methods for the Youth Risk Behavior Surveillance System - United States, 2023.

MMWR Suppl. 2024;73(4):1-12. PMID: [39378301](#)

“The Youth Risk Behavior Surveillance System (YRBSS) is a set of surveys that tracks a broad range of behaviors, experiences, and conditions that can lead to poor health among high school students.” Changes made in 2023 included: sampling design added an American Indian or Alaska Native (AI/AN) sample, changed the survey administration mode from paper-and-pencil to electronic, and provided topics of emerging interest by adding new questions on social media use, experiences of racism at school, ACEs, transgender identity, consent for sexual contact, and unfair discipline at school. “Public health practitioners and researchers can use YRBSS data to examine the prevalence of youth health behaviors, experiences, and conditions; monitor trends; and guide interventions.”

Berring LL, Holm T, Hansen JP, et al.

Implementing Trauma-Informed Care-Settings, Definitions, Interventions, Measures, and Implementation across Settings: A Scoping Review.

Healthcare (Basel). 2024 Apr 27;12(9):908. PMID: [38727465](#)

“This review shows that TIC is a complex and multifaceted framework, with no overarching structure or clear theoretical underpinnings that can guide practical implementations. TIC has been defined and adapted in varied ways across different settings and populations, making it difficult to synthesize knowledge...agreement on how to operationalize and implement TIC in international research could be important in order to better examine its impact and broaden the approach.”

Discrepancies in prevalence estimates of suicidal ideation and attempts in 18- to 22-year-old US college students: a comparison of three surveys.

Soc Psychiatry Psychiatr Epidemiol. 2024 Nov;59(11):1919-1929. PMID: [38900247](#)

Authors compared the prevalence estimates of suicidal thoughts and behaviors among college students from two campus-based surveys and one general population study. “Estimates for past year suicide ideation between the three surveys were 34.3%, 15.0%, and 10.7%, while past year suicidal attempts were 2.6%, 1.6%, and 1.7%. “The differences are likely related to question wording, survey implementation, as well as institutional and

individual representation. Accounting for these differences...can help guide suicide prevention efforts.”

King-Hill S, Gilsenan A.

The Sibling Sexual Behaviour Mapping Tool (SSBMT): Supporting practitioner confidence, planning and competency when responding to sexual behaviours between siblings.

Child Abuse Negl. 2024;158:107080. PMID: [39427533](#)

“This paper outlines the development and initial pilot of the Sibling Sexual Behaviour Mapping Tool...the tool was devised with the aim of supporting frontline child-protection social workers during the initial stages of working with families where sibling sexual behaviours may be present.

Crifasi CK, Ward JA, Fitch KV, Ranapurwala SI.

The State of Firearm Policy Research in the United States.

Am J Epidemiol. 2024 Oct 1;kwae298. PMID: [39358998](#)

“Firearm-related deaths lead to the most person-years of life lost in the US. There were 48,830 deaths from homicides and suicides in 2021 alone...Yet, firearm injury is a politically contentious topic...This politicization led to nearly three decades of federal disinvestment in firearm research; reduced surveillance of firearm-related crime, injury, and death; and degraded data quality...In this commentary, we highlight some existing evidence-informed policies, explicate some limitations in the field, and identify opportunities to address the limitations of prior work to strengthen future capacity for evidence-informed prevention.”

Other of Interest

Datzberger S, Howard-Merrill L, Parkes J, Iorfa SK.

How do extreme weather events contribute to violence against children?

Child Abuse Negl. 2024;158:107093. PMID: [39426208](#)

“Studies have uncovered how increasing social, economic and emotional pressures following EWEs [extreme weather events] increase children’s violence risk exposure. This may occur in their homes or in relief shelters. The violence may involve peers, or forms of hazardous labour that young people are compelled into because of the sudden need for families to rebuild or help make ends meet. More knowledge is needed to inform integrated, context-specific and culturally sensitive plans to better protect children from the consequences of EWEs.”