

## **MEDICAL SUMMARY FOR SCC DVC FEBRUARY 2009**

[This summary includes selected articles indexed by the National Library of Medicine December 2008. To obtain a copy of the abstracts, go to pubmed.gov, and place the Pubmed ID numbers – PMID – in the search box, separated by commas.]

### **Child Abuse**

Jenny C.

#### **Medicine discovers child abuse.**

JAMA. 2008 Dec 17;300(23):2796-7.

PMID: 19088357

Review of the original landmark article from 1962 by Dr. Kempe, who first described “battered-child syndrome”. In 1977 he was also the first to write about child sexual abuse, which until then was considered to be extremely rare. His lifetime of child advocacy is described in the 2007 biography by his daughter, titled “A Good Knight for Children”.

Hamilton JM.

#### **Culture bound anxiety disorder in adolescence: a case study.**

J Child Adolesc Psychiatr Nurs. 2008 Aug;21(3):186-90.

PMID: 18667051

Importance of recognizing signs and symptoms that are prominent in folk belief and practice, especially in Hispanic children. Controlling “no discussion” parenting styles may lead to increased physical symptoms as manifestations of anxiety.

Ouyang L, Fang X, Mercy J, Perou R, Grosse SD.

#### **Attention-deficit/hyperactivity disorder symptoms and child maltreatment: a population-based study.**

J Pediatr. 2008 Dec;153(6):851-6.

PMID: 18619612

“Inattention” type of attention-deficit disorder was significantly and more strongly related to physical abuse, sexual abuse or neglect than hyperactive type of attention-deficit.

### **Domestic Violence – Physical Health**

Thomas KA, Joshi M, Wittenberg E, McCloskey LA.

#### **Intersections of harm and health: a qualitative study of intimate partner violence in women's lives.**

Violence Against Women. 2008 Nov;14(11):1252-73.

PMID: 18809846

Focus group discussions with abused women revealed three main themes relating to health and IPV: IPV leading to adverse health effects; IPV worsening already compromised health; and women’s illness or disability increasing dependency on abusive partners.

Barranti CC, Yuen FK.

#### **Intimate partner violence and women with disabilities: toward bringing visibility to an unrecognized population.**

J Soc Work Disabil Rehabil. 2008;7(2):115-30.

PMID: 19042305

Review article on the scope and increased challenges of abused disabled women, who experience higher rates of abuse for longer periods of time. Shelters often cannot accommodate medical equipment, guide dogs or personal attendants, leaving institutionalization the only option for these women, where their children cannot accompany them.

Wuest J, Merritt-Gray M, Lent B, Varcoe C, Connors AJ, Ford-Gilboe M.

#### **Patterns of medication use among women survivors of intimate partner violence.**

Can J Public Health. 2007 Nov-Dec;98(6):460-4.

PMID: 1903988

One half of a group of over 300 Canadian women who had recently left an abusive relationship were taking prescription medication for pain, anxiety, or depression, in general at significantly higher rates compared to a control population. The mean number of prescriptions was 3.2, and mean number of current health problems was 12.7. Implications for child custody and job retention.

Yildizhan R, Adali E, Kolusari A, Kurdoglu M, Yildizhan B, Sahin G.

**Domestic violence against infertile women in a Turkish setting.**

Int J Gynaecol Obstet. 2008 Nov 24.

PMID: 19036369

One third of women seen in a Turkish infertility clinic experienced IPV. In 75% of these cases, the abuse began after the diagnosis of female factor infertility. 22% also were abused by the husband's family members, and there was increased risk of divorce, homicide and suicide. Implications for the immigrant community in possibly other patriarchal cultures with regards to infertility.

Braveman P, Marchi K, Egerter S, Kim S, Metzler M, Stancil T, Libet M.

**Poverty, Near-Poverty, and Hardship Around the Time of Pregnancy.**

Matern Child Health J. 2008 Nov 27.

PMID: 19037715

Analysis of CDC Pregnancy Risk Assessment System (19 states) and California Maternal and Infant Health Assessment for 2002-2006 (over 150,000 women) showed that over 30% were "poor" below the federal poverty level, an additional 20% "near-poor", and in California 43% also experienced the stress of one or more hardships, such as domestic violence, job loss, incarceration, food insecurity, divorce/separation. Implications for fetal development.

Brown SJ, McDonald EA, Krastev AH.

**Fear of an intimate partner and women's health in early pregnancy: findings from the Maternal Health Study.**

Birth. 2008 Dec;35(4):293-302.

PMID: 19036042

Australian women who reported being afraid of a partner during early pregnancy were significantly more likely to experience urinary or fecal incontinence or vaginal bleeding.

Keller P, Nelson JP.

**Injuries to the cervix in sexual trauma.**

J Forensic Nurs. 2008;4(3):130-7.

PMID: 18798879

Review article summarizes minimal information on this topic – that cervical injury is usually subtle and requires a colposcope (magnifying lens) to be identified, and is more common in sexual assault patients who are teens or virginal.

Pierce-Weeks J, Campbell P.

**The challenges forensic nurses face when their patient is comatose: addressing the needs of our most vulnerable patient population.**

J Forensic Nurs. 2008;4(3):104-10.

PMID: 18798876

Article presents guidelines for suspicion of sexual assault and evidence collection when the patient cannot give history or consent, such as for drug facilitated sexual assault.

Wuest J, Merritt-Gray M, Ford-Gilboe M, Lent B, Varcoe C, Campbell JC.

**Chronic pain in women survivors of intimate partner violence.**

J Pain. 2008 Nov;9(11):1049-57.

PMID: 18701353

In a sample of Canadian women who had recently left abusive relationships, one third experienced high disability pain, with symptoms of: back pain 64%, headaches 64%, bowel pain 50%, joint pain 43%, pelvic/vaginal pain 18%.

Btoush R, Campbell JC, Gebbie KM.

**Visits coded as intimate partner violence in emergency departments: characteristics of the individuals and the system as reported in a national survey of emergency departments.**

J Emerg Nurs. 2008 Oct;34(5):419-27.

PMID: 18804715

A national (50 state) hospital survey for 1997-2001 showed similar rates of IPV reporting in all geographical regions and types of hospital EDs – and all felt to be significantly under-reported at 2-3%. Discussion of need for accurate coding to monitor trends in health status, and provide information for making changes in public policies and programs.

Laughon K, Renker P, Glass N, Parker B.

**Revision of the Abuse Assessment Screen to address nonlethal strangulation.**

J Obstet Gynecol Neonatal Nurs. 2008 Jul-Aug;37(4):502-7.

PMID: 18754989

Since strangulation (“choking”) is a significant form of IPV and has important health effects, article suggests modifying a common abuse screen to ask about nonlethal strangulation. Point made that strangulation documented by a healthcare provider as opposed to a police report carries more weight to support prosecution of abuser.

**Domestic Violence – Mental Health**

Williams MJ, Grimley DM.

**Depressive symptoms and interpersonal victimization among African American women attending an urban STD clinic.**

Womens Health Issues. 2008 Sep-Oct;18(5):375-80.

PMID: 18774455

Of African American women attending a sexually transmitted disease clinic, depressive symptoms were significantly correlated with current IPV, and highly correlated with being forced to have sexual intercourse. Depression may decrease the effectiveness of risk reduction counseling.

Simmons AN, Paulus MP, Thorp SR, Matthews SC, Norman SB, Stein MB.

**Functional activation and neural networks in women with posttraumatic stress disorder related to intimate partner violence.**

Biol Psychiatry. 2008 Oct 15;64(8):681-90.

PMID: 18639236

Brain scans of women with a history of recent IPV and PTSD, compared to a control group of non-traumatized women, showed significant changes in the area of the brain concerned with anticipatory anxiety. Further research needed to see if these changes are solely related to PTSD, or were present before abuse, making patients more vulnerable to anxiety and/or PTSD.

Kally Z, Cumella EJ.

**100 midlife women with eating disorders: a phenomenological analysis of etiology.**

J Gen Psychol. 2008 Oct;135(4):359-77.

PMID: 18959227

Of 100 women who developed eating disorders (anorexia, bulimia) after age 40, childhood abuse was a significant contributing factor, and partner abuse was a significant immediate trigger.

**Elder Abuse**

Fulmer T.

**Screening for mistreatment of older adults.**

Am J Nurs. 2008 Dec;108(12):52-9

PMID: 19033914

Nursing review article on elder abuse and neglect, including use of a standardized screening tool in a clinic or hospital setting. Free online 39 minute video on elder assessment and use of the tool at <http://links.lww.com/A321>

Dyer CB, Franzini L, Watson M, Sanchez L, Prati L, Mitchell S, Wallace R, Pickens S.

**Future research: a prospective longitudinal study of elder self-neglect.**

J Am Geriatr Soc. 2008 Nov;56 Suppl 2:S261-5.

PMID: 19016969

A consortium sponsored by the NIH is researching ways to identify, intervene and prevent elder self neglect.

Band-Winterstein T, Eisikovits Z.

**"Aging Out" of Violence: Multiple Faces of Intimate Violence Over the Life Span.**

Qual Health Res. 2008 Dec 12.

PMID: 19074633

Results of interviews with 20 Israeli couples with long term abuse history describe changes with aging, including escalation with significant events, such as children's leaving home, retirement, partner's illness, increased mutual dependency with emotional exhaustion and social isolation; and transition to role reversal and mutual abuse.

Beaulaurier RL, Seff LR, Newman FL.

**Barriers to help-seeking for older women who experience intimate partner violence: a descriptive model.**

J Women Aging. 2008;20(3-4):231-48.

PMID: 18983109

Focus groups with older women experiencing long term IPV revealed that these women had found ways to accommodate and survive the abuse. They did not find leaving the abuser acceptable, and wanted methods to minimize and cope with the abusive behavior. Various other barriers were identified, such as wanting to keep the multigenerational family intact.

**Other articles of interest**

Potter SJ, Stapleton JG, Moynihan MM.

**Designing, implementing, and evaluating a media campaign illustrating the bystander role.**

J Prev Interv Community. 2008;36(1-2):39-55.

PMID: 19042462

Description of the evolution of a college campus media campaign to engage bystanders – "Know your power. Step in. Speak up. You can make a difference."

Stanford MS, Houston RJ, Baldrige RM.

**Comparison of impulsive and premeditated perpetrators of intimate partner violence.**

Behav Sci Law. 2008;26(6):709-22.

PMID: 19039796 [PubMed - in process]

Suggestion to formally classify batterers as impulsive or premeditated. Batterers who score higher on premeditated had significantly more psychopathic traits and were more resistant to treatment. Those who were more impulsive had a larger range of significant mental health issues, such as depression, bipolar, anxiety, substance abuse, PTSD, ADHD. Importance of treating underlying psychopathology in the latter group to improve batterer intervention treatment.

Vittes KA, Sorenson SB.

**Restraining orders among victims of intimate partner homicide.**

Inj Prev. 2008 Jun;14(3):191-5.

PMID: 18523113

In a multistate database of 231 women killed by their partner, 11% had a restraining order. Of those with a restraining order, one fifth were killed within 2 days of the RO being issued, and one third within a month.

Moynihan B, Gaboury MT, Onken KJ.

**Undocumented and unprotected immigrant women and children in harm's way.**

J Forensic Nurs. 2008;4(3):123-9.

PMID: 18798878

Review of the status of past and current immigration legislative proposals in relation to IPV.