

MEDICAL SUMMARY FOR SCC DVC MARCH 2009

This summary includes selected articles indexed by the National Library of Medicine January 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.

Purpose: to provide members of the DVC with up-to-date information on effects of abuse and neglect on health and well being throughout the life cycle. This information can be a motivator for client individual change as well as policy change.

Child Abuse

Fries AB, Shirtcliff EA, Pollak SD.

Neuroendocrine dysregulation following early social deprivation in children.

Dev Psychobiol. 2008 Sep;50(6):588-99. PMID: 18683181

Internationally adopted children who had experienced early institutional care showed problems with regulation of cortisol (stress hormone), both measured at baseline and during interaction with their adoptive mothers.

Grassi-Oliveira R, Ashy M, Stein LM.

Psychobiology of childhood maltreatment: effects of allostatic load?

Rev Bras Psiquiatr. 2008 Mar;30(1):60-8. PMID: 18373020

Review of child abuse and neglect disrupting specific areas of brain neurodevelopment, which might make some individuals vulnerable to PTSD, depression, substance abuse, impaired memory and attention span, and learning ability.

Zolotor AJ, Theodore AD, Chang JJ, Berkoff MC, Runyan DK.

Speak softly--and forget the stick. Corporal punishment and child physical abuse.

Am J Prev Med. 2008 Oct;35(4):364-9. PMID: 18779030

North and South Carolina mothers who spanked their children with a hand were 2.7 times more likely, and who spanked them with an object were 8.9 times more likely, to physically abuse them in some other way (kicking, burning, etc.).

Adult Manifestations of Child Abuse

Pederson CL, Vanhorn DR, Wilson JF, Martorano LM, Venema JM, Kennedy SM.

Childhood abuse related to nicotine, illicit and prescription drug use by women: pilot study.

Psychol Rep. 2008 Oct;103(2):459-66. PMID: 19102471

In a telephone survey of 811 women, significant associations were reported between childhood:

- sexual, physical and emotional abuse and adult nicotine, marijuana, and antidepressant use
- physical and emotional abuse with adult cocaine and anti-anxiety meds
- sexual abuse and adult antipsychotics
- no particular association with any type of abuse and adult alcohol use

Leonard LM, Iverson KM, Follette VM.

Sexual functioning and sexual satisfaction among women who report a history of childhood and/or adolescent sexual abuse.

J Sex Marital Ther. 2008;34(5):375-84. PMID: 18770109

The most dysfunctional area of sexual functioning in 22 women with a history of childhood or teen sexual abuse was difficulty with orgasm (45%). Sexual functioning did not correlate with sexual satisfaction.

Abrams MP, Mulligan AD, Carleton RN, Asmundson GJ.

Prevalence and correlates of sleep paralysis in adults reporting childhood sexual abuse.

J Anxiety Disord. 2008 Dec;22(8):1535-41. Epub 2008 Mar 13. PMID: 18436428

More frequent and more distressing episodes of sleep paralysis (awakening during normal REM sleep muscle paralysis) were present in individuals with a history of childhood sexual abuse, and well as those with PTSD from other causes.

Domestic Violence – Physical Health

Williams CM, Larsen U, McCloskey LA.

Intimate partner violence and women's contraceptive use.

Violence Against Women. 2008 Dec;14(12):1382-96. PMID: 18845676

Women experiencing current physical or psychological abuse were significantly less likely to have been able to use their preferred method of contraception during the previous 12 months.

Mark H, Bitzker K, Klapp BF, Rauchfuss M.

Gynaecological symptoms associated with physical and sexual violence.

J Psychosom Obstet Gynaecol. 2008 Sep;29(3):164-72. PMID: 18821266

730 German women reported lifetime prevalence of severe physical violence as 35.5%, IPV 28.3%, and rape 13.5%. Physical and sexual abuse were significantly associated with irregular menstrual cycles, urinary tract infections and chronic pelvic pain.

Woods SJ, Hall RJ, Campbell JC, Angott DM.

Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence.

J Midwifery Womens Health. 2008 Nov-Dec;53(6):538-46. PMID: 18984510

157 women were recruited from battered women's shelters to assess physical symptoms and PTSD. 92% met criteria for PTSD, and they experienced a wide range of physical symptoms, grouped into 4 categories – neuromuscular, stress, sleep, and gynecologic. Many of these symptoms were vague. 75% of the women had sought medical care for the symptoms in the previous 9 months.

Domestic Violence – Mental Health

Sabina C, Straus MA.

Polyvictimization by dating partners and mental health among U.S. college students.

Violence Vict. 2008;23(6):667-82. PMID: 19069560

Analysis of information obtained from 4533 students at 19 US college campuses revealed that polyvictimization (more than one type of either psychological, physical, or sexual abuse) amount and severity were significantly correlated with degree of PTSD symptoms in both men and women, and also correlated with depression in women.

Chan KL, Straus MA, Brownridge DA, Tiwari A, Leung WC.

Prevalence of dating partner violence and suicidal ideation among male and female university students worldwide.

J Midwifery Womens Health. 2008 Nov-Dec;53(6):529-37. PMID: 18984509

Of 16,000 university students from 21 countries, the median rate of physical assault on a dating partner was 30%, sexual coercion was 20%, and suicidal ideation of both victims and perpetrators, solely mediated by depression, was 32%.

Morash M, Bui H, Stevens T, Zhang Y, Stevens T, Zhang Y.

Getting out of harm's way: one-year outcomes for abused women in a Vietnamese immigrant enclave.

Violence Against Women. 2008 Dec;14(12):1413-29. PMID: 19008546

Vietnamese immigrant women who stayed in an abusive relationship were more likely to believe in maintaining an intact family, to agree with patriarchal decision making, and to be afraid of their partners.

Elder Abuse

Chihowski K, Hughes S.

Clinical issues in responding to alleged elder sexual abuse.

J Elder Abuse Negl. 2008;20(4):377-400. PMID: 19042663

Article describes difficulty in assessing alleged elder sexual abuse, including dementia (lack of clear history), having to substantiate sexual abuse on a cluster of minor indicators, reluctance of providers to want to do a rape kit exam (some elders require general anesthesia), delay in collecting evidence due to uncertainty and bureaucracy, victim desire to protect perpetrator, recognizing harmful genital practices as sexual abuse, and when in assisted living facilities reluctance of nursing homes to allow employees to report.

Ramsey-Klawnsnik H, Teaster PB, Mendiondo MS, Marcum JL, Abner EL.

Sexual predators who target elders: findings from the first national study of sexual abuse in care facilities.

J Elder Abuse Negl. 2008;20(4):353-76. PMID: 19042662

In a five state national study of sexual predators of elders in care facilities, 43% of predators were staff, 41% other residents, and 8% were family members or visitors. 77% of the victims were female with a mean age of 79; 17% were non-ambulatory and more than half had communication difficulties and/or dementia.

Poulos CA, Sheridan DJ.

Genital injuries in postmenopausal women after sexual assault.

J Elder Abuse Negl. 2008;20(4):323-35. PMID: 19042660

Due to postmenopausal physiological changes, elder women who are sexually assaulted are more likely to sustain genital injuries than younger women.

Batterers

Borochoowitz DY.

The taming of the shrew: batterers' constructions of their wives' narratives.

Violence Against Women. 2008 Oct;14(10):1166-80. PMID: 18802212

Two themes emerged from interviews with eighteen Israeli batterers about their perception of justifying their violent behavior: 1) an idealized couple story that did not “allow” the wife her story, and 2) “she’s not the same woman I married”, labeling her a shrew, and therefore needing discipline.

Judicial/Law Enforcement

Plumm KM, Terrance CA.

Battered women who kill: the impact of expert testimony and empathy induction in the courtroom.

Violence Against Women. 2009 Feb;15(2):186-205. PMID: 19126834

Mock jurors were more likely to look favorably on a battered woman accused of partner homicide if 1) the juror was a woman, 2) expert testimony stressed the SAF (social agency framework – lack of effective community alternatives, risks of leaving) vs. the BWS (battered woman syndrome – psychological helplessness, perception of danger), or 3) there was induction of empathy in the jury instructions.

DeJong C, Burgess-Proctor A, Elis L.

Police officer perceptions of intimate partner violence: an analysis of observational data.

Violence Vict. 2008;23(6):683-96. PMID: 19069561

Attitudes of police officers re: IPV included problematic (simplification of IPV, victim blaming, patriarchal attitudes toward women, and presumption of victim noncooperation) as well as progressive (recognition of the complexity of IPV, awareness of barriers to leaving, and consideration of IPV as serious and worthy of police intervention).

DeHart DD.

Pathways to prison: impact of victimization in the lives of incarcerated women.

Violence Against Women. 2008 Dec;14(12):1362-81. PMID: 19008544

Sixty women in a maximum security prison were interviewed about their “pathway” to prison. Most had experienced lifelong multiple cumulative traumas and abuse, which complicated a legitimate path to school and work.

Providers

Vierthaler K.

Best practices for working with rape crisis centers to address elder sexual abuse.

J Elder Abuse Negl. 2008;20(4):306-22. PMID: 19042659

Article reviews information about elder sexual abuse attitudes and barriers, describes a collaborative Pennsylvania Elder Sexual Abuse Project to educate seniors as well as advocates, DA, home healthcare agencies, etc. Website has consumer brochures, cross training manuals and very nice pamphlet for DAs. http://www.aging.state.pa.us/aging/cwp/view.asp?a=558&q=254614&agingNav=1&agingNav_GID=607

Wong M.

Interventions to reduce psychological harm from traumatic events among children and adolescents: a commentary on the application of findings to the real world of schools.

Am J Prev Med. 2008 Oct;35(4):398-400. PMID: 18779033

Authors address the importance of psychological trauma recognition and intervention in the school system.

Mascarenhas AK, Deshmukh A, Scott T.

New England, USA dental professionals' attitudes and behaviours regarding domestic violence.

Br Dent J. 2009 Jan 16. PMID: 19148190

In a survey of 350 dentists and oral hygienists, both groups had the same general attitudes toward DV. Those who had been educated about DV were more likely to screen ($p < .0001$) and take action when DV was suspected ($p = .0006$).

Hawkins JW, Pearce CW, Skeith J, Dimitruk B, Roche R.

Using technology to expedite screening and intervention for domestic abuse and neglect.

Public Health Nurs. 2009 Jan-Feb;26(1):58-69. PMID: 19154193

In a multidisciplinary project, home health workers' PDAs were loaded with abuse screens, referral information, patient release forms, and mandated reporting forms, with data going directly to patient chart and appropriate social service agencies. Coordinating this project helped communication between agencies and led to streamlined procedures.

Lee J.

Survivors of gendered violence in the feminist classroom.

Violence Against Women. 2008 Dec;14(12):1451-64. PMID: 19008547

Insightful article to remind teachers of college classes relating to violence that a significant portion of the audience, male and female, may have experienced abuse or are perpetrators; importance of addressing how students might feel when exposed to the material; the benefits of survivor written reflections at the end of the course; and the importance to focus on positive social change.

Beeble ML, Post LA, Bybee D, Sullivan CM.

Factors related to willingness to help survivors of intimate partner violence.

J Interpers Violence. 2008 Dec;23(12):1713-29. PMID: 18319363

Factors that related to community members being willing to help a survivor of IPV were: women, younger age, those who perceived IPV as a common problem in their community, witnessing IPV as a child, and prior victimization.

Brown DS, Finkelstein EA, Mercy JA.

Methods for estimating medical expenditures attributable to intimate partner violence.

J Interpers Violence. 2008 Dec;23(12):1747-66. PMID: 18314507

Using three different methods for estimating the medical cost burden of IPV in US adult women for one year postvictimization, estimates ranged from 2.3 to 7 billion dollars.

Kasturirangan A.

Empowerment and programs designed to address domestic violence.

Violence Against Women. 2008 Dec;14(12):1465-75. PMID: 19008548

Recommendations for defining empowerment, and guidelines for DV community agencies in helping women achieve empowerment.

Self-Brown S, Whitaker DJ.

Parent-focused child maltreatment prevention: improving assessment, intervention, and dissemination with technology.

Child Maltreat. 2008 Nov;13(4):400-16. PMID: 18567847

Review of interesting uses of new technology in the field of child maltreatment – for practitioners online professional education, mentoring, and networking, and for parents (besides online and video screening, education and maltreatment prevention), such novel programs as: entertainment education via TV shows with positive message, home workbook and email support; video games for kids and parents about conflict resolution; virtual reality headsets for expectant parents re: care of virtual children; automated cellphone text messages of reminders and support for parenting behavior change; physiological telemetry (wired monitoring of body changes) for offending parents with warning feedback.

Note: <http://tfcbt.musc.edu/>, 10 hours of free online CME for mental health professionals on trauma-focused cognitive-behavioral therapy for children, including patient/parent materials in Spanish.

Hathaway JE, Zimmer B, Willis G, Silverman JG.

Perceived changes in health and safety following participation in a healthcare-based domestic violence program.

J Midwifery Womens Health. 2008 Nov-Dec;53(6):547-55. PMID: 18984511

Abused women participating in a 6 month healthcare based advocacy program first noted increased safety and emotional health, which led to behavioral changes, which led to improved physical health.

Renker PR.

Breaking the barriers: the promise of computer-assisted screening for intimate partner violence.

J Midwifery Womens Health. 2008 Nov-Dec;53(6):496-503. PMID: 18984505

Review of computer based self interview screening methods, which provide higher percentages of disclosure and are preferred by many patients. Various options exist, such as the patient receiving a risk summary and list of resources, and choosing whether or not to have the responses accessed by the healthcare provider.

Goldblatt H, Buchbinder E, Eisikovits Z, Arizon-Mesinger I.

Between the Professional and the Private: The Meaning of Working With Intimate Partner Violence in Social Workers' Private Lives.

Violence Against Women. 2009 Jan 8. PMID: 19131561

Fourteen experienced social workers at domestic violence treatment centers talk about how the work has impacted their personal partner relationships; suggestions for preemptive training.

Other of Interest

Morris B.

You have victims working for you. You have batterers working for you too.

Fortune. 2008 Nov 24;158(10):122-6 PMID: 19058438

Article describes cases of workplace domestic violence and impact on productivity and personnel.

Full article at http://money.cnn.com/2008/11/18/news/Domestic_violence_morris.fortune/index.htm