

MEDICAL RESEARCH SUMMARY FOR SCC DVC

March 2010

This summary includes selected research articles relating to abuse indexed by the National Library of Medicine Jan 2010. 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

Finkelhor D, Turner H, Ormrod R, Hamby SL.

Violence, abuse, and crime exposure in a national sample of children and youth.

Pediatrics. 2009 Nov;124(5):1411-23. PMID: 19805459

In a cross-sectional national telephone survey of over 4500 children (and their parents) aged 0 – 17 years, 60.6% of children had experienced at least 1 direct or witnessed victimization in the previous year, including: 46.3% direct physical assault, 6.1% sexual victimization, and 25.3% witness to violence.

Graham-Bermann SA, Gruber G, Howell KH, Girz L.

Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV).

Child Abuse Negl. 2009 Sep;33(9):648-60. PMID: 19804905

219 children of women who had experienced IPV in the past year were assessed, with findings of four adjustment profiles of the children: 24% severe adjustment problems, 45% struggling, 11% depression only, and 20% resilient. Resilient children had less violence exposure, fewer fears and worries, and mothers with less depression and better parenting skills.

Rees CA.

Understanding emotional abuse.

Arch Dis Child. 2010 Jan;95(1):59-67. PMID: 20040686

Despite emotional abuse being the most frequent dimension of abuse, there are difficulties in definition, recognition and legal proof. This article discusses what is emotional abuse as well as the damage it causes.

Adult Manifestations of Child Abuse

Wegman HL, Stetler C.

A meta-analytic review of the effects of childhood abuse on medical outcomes in adulthood.

Psychosom Med. 2009 Oct;71(8):805-12. PMID: 19779142

Analysis of 2846 research articles relating to this topic identified 24 appropriate studies containing over 48,000 individuals. Summary of results showed that experiencing child abuse was associated with a significant risk of negative physical health outcomes in adulthood. The major areas negatively affected were neurological and musculoskeletal, followed by respiratory, cardiovascular, gastrointestinal and metabolic disorders.

Neigh GN, Gillespie CF, Nemeroff CB.

The neurobiological toll of child abuse and neglect.

Trauma Violence Abuse. 2009 Oct;10(4):389-410. PMID: 19661133

Comprehensive review article on how child abuse and neglect impact the structure and function of the body into psychiatric and medical disease, how genetic variations play a role, and how these changes can be transmitted from one generation to the next towards either vulnerability or resilience.

Fuller-Thomson E, Stefanyk M, Brennenstuhl S.

The robust association between childhood physical abuse and osteoarthritis in adulthood: findings from a representative community sample.

Arthritis Rheum. 2009 Nov 15;61(11):1554-62. PMID: 19877086

Using the same national Canadian survey with over 13,000 participants that last year showed a significant association between child physical abuse and adult cancer, this study demonstrated a significant association between childhood physical abuse and adult osteoarthritis.

Danese A, Moffitt TE, Harrington H, Milne BJ, Polanczyk G, Pariante CM, Poulton R, Caspi A.

Adverse childhood experiences and adult risk factors for age-related disease: depression, inflammation, and clustering of metabolic risk markers.

Arch Pediatr Adolesc Med. 2009 Dec;163(12):1135-43. PMID:19996051

In a 32 year New Zealand prospective study of over 1000 individuals, adverse childhood experiences (socioeconomic disadvantage, maltreatment, or neglect) predicted increased risk of depression, elevated markers of inflammation, and abnormal metabolic markers (such as overweight, high blood pressure, high cholesterol).

Domestic Violence – Physical Health

Buelna C, Ulloa EC, Ulibarri MD.

Sexual relationship power as a mediator between dating violence and sexually transmitted infections among college women.

J Interpers Violence. 2009 Aug;24(8):1338-57. PMID:18718880

Survey results from 290 single, undergraduate women in southern California showed that 85% had experienced at least one form of dating violence in the previous year, and 5.9% tested positive for a sexually transmitted illness. Women with lower levels of sexual relationship power had higher rates of dating violence and STIs.

Domestic Violence – Mental Health

Renner LM.

Intimate partner violence victimization and parenting stress: assessing the mediating role of depressive symptoms.

Violence Against Women. 2009 Nov;15(11):1380-401. PMID: 19809099

In an assessment of 1153 low income women, depression was an important factor linking IPV victimization and self-reported parenting stress.

Jundt K, Haertl K, Knobbe A, Kaestner R, Friese K, Peschers UM.

Pregnant women after physical and sexual abuse in Germany.

Gynecol Obstet Invest. 2009;68(2):82-7. PMID: 19420960

In a German study of 455 women in their last month of pregnancy, 19.3% reported a history of lifetime physical or sexual abuse. Women with an abuse history had significantly more negative feelings about their pregnancy; more symptoms of depression, anxiety, and loneliness; and less expectation of happiness for their future.

Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM.

Risk factors for depressive symptoms during pregnancy: a systematic review.

Am J Obstet Gynecol. 2010 Jan;202(1):5-14. PMID: 20096252

In a comprehensive review of articles relating to depression and pregnancy, the three most consistent factors were life stress, lack of social support, and domestic violence.

Dutton MA.

Pathways linking intimate partner violence and posttraumatic disorder.

Trauma Violence Abuse. 2009 Jul;10(3):211-24. PMID: 19477869

Review article looking at what is known and not known about the relationship between IPV and PTSD.

Elder/Dependent Adult Abuse

Anthony EK, Lehning AJ, Austin MJ, Peck MD.

Assessing elder mistreatment: instrument development and implications for adult protective services.

J Gerontol Soc Work. 2009 Nov;52(8):815-36. PMID: 19830609

Article discusses the properties of 15 different assessment tools to evaluate elder mistreatment.

Cultural Issues

Dehan N, Levi Z.

Spiritual abuse: an additional dimension of abuse experienced by abused Haredi (ultraorthodox) Jewish wives.

Violence Against Women. 2009 Nov;15(11):1294-310. PMID: 19809096

Article from Israel describes spiritual abuse in interviews with 8 Jewish Orthodox women: belittling spiritual worth, beliefs or deeds; preventing performance of spiritual acts; and forcing transgressions of spiritual obligations or prohibitions.

Puchala C, Paul S, Kennedy C, Mehl-Madrona L.

Using Traditional Spirituality to Reduce Domestic Violence Within Aboriginal Communities.

J Altern Complement Med. 2010 Jan;16(1):89-96. PMID: 20055557

Article details with case studies the significant impact traditional healing elders can have in reducing DV in an aboriginal population. Elders listened to both parties without blaming, and accomplished a future of "making good" through stories and storytelling.

Bryant-Davis T, Chung H, Tillman S.

From the margins to the center: ethnic minority women and the mental health effects of sexual assault.

Trauma Violence Abuse. 2009 Oct;10(4):330-57. PMID: 19578029

Review article explores the experiences of African American, Asian American, Latina, and Native American female survivors of sexual assault.

Rodríguez M, Valentine JM, Son JB, Muhammad M.

Intimate partner violence and barriers to mental health care for ethnically diverse populations of women.

Trauma Violence Abuse. 2009 Oct;10(4):358-74. PMID: 19638359

Review article looks at the patient, clinician, and health system/community barriers to mental health care for ethnically diverse IPV survivors.

Perpetrators

Gondolf EW, Wernik H.

Clinician ratings of batterer treatment behaviors in predicting reassault.

J Interpers Violence. 2009 Nov;24(11):1792-815. PMID: 19011157

In a follow-up study of 380 batterers who had undergone an intervention program, clinician ratings of batterer performance were only weakly related to prediction of reassault; however the most predictive categories were attendance compliance and avoidance techniques (motivation issues).

Musser PH, Murphy CM.

Motivational interviewing with perpetrators of intimate partner abuse.

J Clin Psychol. 2009 Nov;65(11):1218-31. PMID: 19785010

Case description of using motivational interviewing techniques with a batterer.

Police and Court System

Wright CV, Johnson DM.

Correlates for legal help-seeking: contextual factors for battered women in shelter.

Violence Vict. 2009;24(6):771-85. PMID: 20055214

Legal help seeking behaviors were evaluated in 227 shelter residents, only about 1/3 of whom had a protection order or were involved in the criminal court system. Legal involvement was not related to severity of abuse or demographic factors, but was more likely to occur if women had PTSD symptoms, had more family social support, and had had recent police contact.

Logan T, Walker R.

Partner stalking: psychological dominance or "business as usual"?

Trauma Violence Abuse. 2009 Jul;10(3):247-70. PMID: 19433407

Article discusses the difference between partner vs. stranger stalking, and differentiates general IPV from stalking behavior from a legal standpoint. Although ex-intimate partner stalkers are more violent than other stalkers, stranger stalkers are more likely to be convicted of stalking-related offenses.

Providers

Steen JA.

The perceived impact of a child maltreatment report from the perspective of the domestic violence shelter worker.

J Interpers Violence. 2009 Nov;24(11):1906-18. PMID: 18981190

A sample of 82 DV shelter professionals were surveyed about the positive and negative outcomes arising from child abuse reporting, including damage to the relationship between the worker and the battered woman, protection of the child, further disruption to the family, etc.

Ireland R, Weisbart C, Dubowitz H, Rowe J, Stein MT.

When family drawings reveal vulnerabilities and resilience.

J Dev Behav Pediatr. 2009 Oct;30(5):474-7. PMID: 19823142

Case history with multiple therapists' comments of a 9 year old girl who showed symptoms of PTSD from experiencing DV in the home from before age 4. Findings emerged from her drawing an illustrated book with captions such as: "I hate when my parents fight. I get scared and feel sick to my tummy like I want to throw up. I just hate that feeling!" "My mom told me she had a 'boyfriend.' These words were the most horrible I ever heard. Soon a nightmare began. Nightmares make me very, very scared."

Najavits LM.

Psychotherapies for trauma and substance abuse in women: review and policy implications.

Trauma Violence Abuse. 2009 Jul;10(3):290-8. PMID: 19477868

Review of research looking at treatment models for co-occurring trauma and substance abuse.

Fussell H, Haaken J, Lewy CS, McFarland BH.

Clinical perception: a study of intimate partner violence versus methamphetamine use as presenting problems.

Psychiatry. 2009 Winter;72(4):382-92. PMID: 20070136

A standardized patient (actress) presented the same history to 18 substance abuse counselors, in 9 cases starting off with talking about a meth problem, and 9 times beginning with an IPV description. None of the 18 counselors listed IPV as a problem in addition to meth use, and only one asked about safety.

Other of Interest

Glass N, Eden KB, Bloom T, Perrin N.

Computerized Aid Improves Safety Decision Process for Survivors of Intimate Partner Violence.

J Interpers Violence. 2009 Dec 29. PMID: 20040709 epub ahead of printing

A computerized safety decision aid provided feedback about risk for lethal violence, options for safety, assistance with setting priorities for safety, and a safety plan personalized to the user. Women reported that the decision aid was useful, provided much-needed privacy for making safety decisions, and led to less decision conflict.

Ungar M, Tutty LM, McConnell S, Barter K, Fairholm J.

What Canadian youth tell us about disclosing abuse.

Child Abuse Negl. 2009 Oct;33(10):699-708. PMID: 19818497

In a survey of over 1000 Canadian teens enrolled in a Respect violence prevention program, only 1 in 4 had disclosed abuse they had experienced or knew about in others. From the survey and focus groups and interviews, lack of disclosure was related to fear of: not being believed; not having control over decisions which might affect them; lack of knowledge of resources; and perception that disclosure would lead either to ineffectual response, or cause worse problems for themselves and the family.

Ybarra ML, Langhinrichsen-Rohling J, Friend J, Diener-West M.

Impact of asking sensitive questions about violence to children and adolescents.

J Adolesc Health. 2009 Nov;45(5):499-507. PMID: 19837357

As part of a national Growing Up with Media survey with over 1600 children aged 10-15, 25% said they were upset by questions relating to violence. Those upset were more likely to be younger, but not more likely to have experienced violence. Reasons given for upsetness included being upset by specific types of questions (sex, drugs, hurting animals), being distressed by the concept of violence in general, and being distressed at the thought that young people engaged in these behaviors. Authors warn about needs of especially younger children in surveys about this topic, and possible need for follow-up with them.

Rivara FP, Anderson ML, Fishman P, Reid RJ, Bonomi AE, Carrell D, Thompson RS.

Age, period, and cohort effects on intimate partner violence.

Violence Vict. 2009;24(5):627-38. PMID: 19852403

Using a representative database of over 3500 women age 18 and older enrolled in a medical plan in Washington State, 42% had a lifetime history of IPV. Risk of IPV was greatest for women in their 20s and early 30s of each age group (each group was looked at separately by decade of birth), but the overall rate was significantly less for women born after the 1960s. Reasons for this are discussed, such as the US surgeon general identifying IPV as a major health issue in 1985, the Violence Against Women Act of 1994, and national funding for violence against women programs increasing from \$27 million in 1995 to \$517 million in 2004.