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Child Abuse

Tran BX, Pham TV, Ha GH, et. al.

A Bibliometric Analysis of the Global Research Trend in Child Maltreatment.

Int J Environ Res Public Health. 2018 Jul 10;15(7). pii: E1456. PMID: [29996540](https://pubmed.ncbi.nlm.nih.gov/29996540/)

In this analysis of child maltreatment publications 1916-2018, over 47,000 articles have been published in the English language, 53% of which have been published since 2010. The most prolific countries were the US, England, Canada, and Australia. The most cited papers were published in 29 journals, headed by JAMA and the Lancet, with the #1 cited paper being the original ACE study by Dr. Felitti et. al. in 1998. Authors call for interdisciplinary research with more focus on low-middle income countries and settings.

Pomeranz ES.

Child Abuse and Conditions That Mimic It.

Pediatr Clin North Am. 2018 Dec;65(6):1135-1150. PMID: [30446053](https://pubmed.ncbi.nlm.nih.gov/30446053/)

Review of the signs of child physical and sexual abuse, as well as physiological mimics.

Cornell EM, Powell EC.

Skeletal Survey Yield in Young Children with Femur Fractures.

J Emerg Med. 2018 Dec;55(6):758-763. PMID: [30389286](https://pubmed.ncbi.nlm.nih.gov/30389286/)

In a review of thigh fractures in children less than age 2 at a pediatric referral hospital, in 17% there was a strong suspicion for physical abuse. Of these, 86% were under age 1, skeletal surveys identified additional fractures in 7%, 27% had bruises vs. only 10% in accidental injury, and 18% had head trauma versus 0% in accidental injury.

O'Brien WT Sr, Caré MM, Leach JL.

Pediatric Emergencies: Imaging of Pediatric Head Trauma.

Semin Ultrasound CT MR. 2018 Oct;39(5):495-514. PMID: [30244763](https://pubmed.ncbi.nlm.nih.gov/30244763/)

Review of pediatric head trauma imaging, taking into account the developing brain and skull, and unique considerations for mechanisms of injury in children with abusive trauma and birth-related injuries.

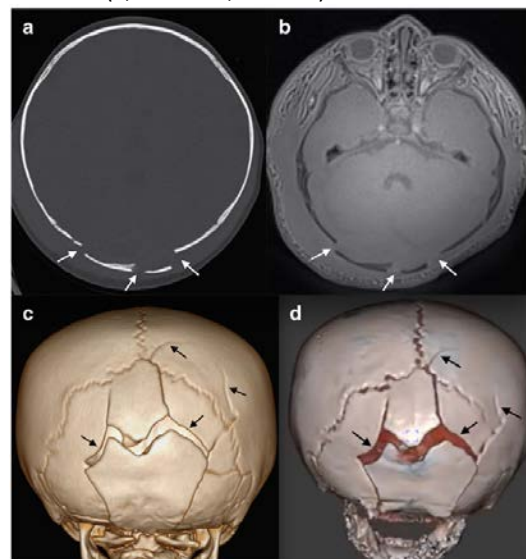
Kralik SF, Supakul N, Wu IC, et. al.

Black bone MRI with 3D reconstruction for the detection of skull fractures in children with suspected abusive head trauma.

Neuroradiology. 2019 Jan;61(1):81-87. PMID: [30406272](https://pubmed.ncbi.nlm.nih.gov/30406272/)

In this small study of 34 pediatric patients being evaluated for potential abusive head trauma, "black bone MRI" had high sensitivity and specificity for detection of skull fractures compared to the gold standard CT scan, without the radiation exposure of CT. Authors call for larger studies.

(a,c = CT b,d = MRI)



Ensink K, Godbout N, Bigras N, et. al.

Persistent and Transitory Sexualized Behavior Problems in Children.

Child Psychiatry Hum Dev. 2018 Aug;49(4):621-631. PMID: [29306982](https://pubmed.ncbi.nlm.nih.gov/29306982/)

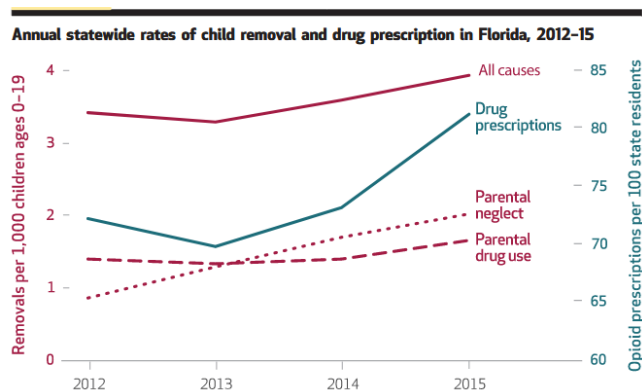
Of 62 children aged 2-12 with a history of childhood sexual abuse, 19.4% did not present clinically significant sexualized behavioral problems (SBP), 27.4% had a transitory problem, while 48.4% presented with SBP at baseline that continued at clinically significant levels over 2 years.

Quast T, Storch EA, Yampolskaya S.

Opioid Prescription Rates And Child Removals: Evidence From Florida.

Health Aff (Millwood). 2018 Jan;37(1):134-139. PMID: [29309232](#)

From Florida data, rates of CPS removal of children from the home were associated with increased state opioid prescription rates.



Adult Manifestations of Child Abuse

Ports KA, Holman DM, Guinn AS, et. al.

Adverse Childhood Experiences and the Presence of Cancer Risk Factors in Adulthood: A Scoping Review of the Literature From 2005 to 2015.

J Pediatr Nurs. 2019 Jan - Feb;44:81-96. PMID: [30683285](#)

“This review highlights the growing body of research connecting ACEs to cancer risk factors, particularly alcohol, obesity, and tobacco. Fewer studies investigated the links between ACEs and chronic inflammation or infectious agents. No included publications investigated associations between ACEs and environmental carcinogens, hormones, immunosuppression, radiation, or ultraviolet radiation. Mitigating the impact of ACEs may provide innovative ways to effect comprehensive, upstream cancer prevention.”

Lawn RB, Anderson EL, Suderman M, et. al.

Psychosocial adversity and socioeconomic position during childhood and epigenetic age.

Hum Mol Genet. 2018 Apr 1;27(7):1301-1308. PMID: [29365106](#)

Using data from a British study of women, and after adjusting for both childhood and adult socioeconomic parameters, childhood sexual abuse was strongly associated with age acceleration, with cells showing 3.41 years higher than biological age.

Riedl D, Beck T, Exenberger S, et. al.

Violence from childhood to adulthood: The influence of child victimization and domestic violence on physical health in later life.

J Psychosom Res. 2019 Jan;116:68-74. PMID: [30654997](#)

Of 1480 Austrian patients seen at a primary care hospital, child victimization and domestic violence were prevalent, and individually and cumulatively were associated with physical disease – 5 times increased for musculoskeletal disorders, 5 times for chronic pain, 3 times for gastrointestinal diseases, and 2.4 for respiratory diseases.

O'Sullivan D, Watts J, Shenk C.

Child maltreatment severity, chronic substance abuse, and disability status.

Rehabil Psychol. 2018 May;63(2):313-323. PMID: [29878835](#)

Of 112 adults receiving inpatient treatment for substance use disorder (SUD), 52.7% reported chronic illness and disability (CID), and 87.4% child maltreatment. The odds for disability increased as a function of maltreatment severity, but not for number of years abusing substances. “Trauma-informed concurrent treatment for 3 clinical conditions of CID, childhood maltreatment, and SUD is needed for the majority of individuals seeking treatment for SUD.”

Pulverman CS, Kilimnik CD, Meston CM.

The Impact of Childhood Sexual Abuse on Women's Sexual Health: A Comprehensive Review.

Sex Med Rev. 2018 Apr;6(2):188-200. PMID: [29371141](#)

“Women with abuse histories report higher rates of sexual dysfunction compared with their non-abused peers. The sexual concerns most commonly reported by women with abuse histories include problems with sexual desire and sexual arousal...Treatment research has indicated that mindfulness-based sex therapy and expressive writing treatments are particularly effective for this group.”

Afifi TO, Fortier J, Sareen J, Taillieu T.

Associations of Harsh Physical Punishment and Child Maltreatment in Childhood With Antisocial Behaviors in Adulthood.

JAMA Netw Open. 2019 Jan 4;2(1):e187374. PMID: [30681709](#)

From a large national survey, it is estimated that harsh physical punishment and/or child maltreatment might account for approximately 45.5% of antisocial behaviors among US men and 47.3% among US women.

Adolescents

Lamb M, Kuhn AW, LaBotz M, Diamond AB.

Safeguarding the Child and Adolescent Athlete.

Curr Sports Med Rep. 2018 Dec;17(12):419-424. PMID: [30531458](#)

Review of the history of child abuse in youth athletics, the present scope and prevalence of the problem, unique aspects of abuse in sport, and recognition and preventative efforts.

Domestic Violence – Effects on Children

Christie H, Hamilton-Giachritsis C, Alves-Costa F, et. al.

The impact of parental posttraumatic stress disorder on parenting: a systematic review.

Eur J Psychotraumatol. 2019 Jan 14;10(1):1550345. PMID: [30693071](#)

“Findings suggested that parental PTSD is associated with impaired functioning across a number of parenting domains, including increased levels of parenting stress, lower parenting satisfaction, less optimal parent-child relationships, and more frequent use of negative parenting practices, such as overt hostility and controlling behaviours.”

Domestic Violence – Physical Health

Nesari M, Olson JK, Vandermeer B, Slater L, Olson DM.

Does a maternal history of abuse before pregnancy affect pregnancy outcomes? A systematic review with meta-analysis.

BMC Pregnancy Childbirth. 2018 Oct 16;18(1):404. PMID: [30326858](#)

This review concludes that a prior history of various types and timings of abuse before pregnancy is associated with a modest increase in risk of preterm birth and low birth weight, with highest risk due to childhood abuse. Possible explanations for this association per authors include the concept of allostatic load (cumulative life stress); associated high risk behaviors including smoking, drug or alcohol abuse; decreased family support; and decreased prenatal care.

Domestic Violence – Mental Health

Paulson JL, Miller-Graff L.

Prenatal sleep quality and mental health symptoms across the perinatal period: A longitudinal study of high-risk women.

J Psychosom Res. 2019 Jan;116:31-36. PMID: [30654991](#)

For 83 low income women, IPV was associated with increased mental health symptoms, and prenatal sleep difficulties were associated with worsening perinatal PTSD.

Elder/Dependent Adult Abuse

Ventura F, Caputo F, Molinelli A.

Medico-legal aspects of deaths related to neglect and abandonment in the elderly.

Aging Clin Exp Res. 2018 Nov;30(11):1399-1402. PMID: [29442235](#)

Description of two elder deaths initially attributable to natural causes, but autopsy findings and analysis of clinical data established the role of neglect in their deaths. Authors highlight the need for healthcare workers and pathologists to be more alert to the clinical signs of neglect.

Chapa RL, Hicks BM, Prihoda TJ, Smiley LA, et. al.

Extent of Elder Abuse Training in Dental Hygiene Curricula and Program Directors' Perceptions of Importance of and Barriers to Implementation.

J Dent Educ. 2019 Jan;83(1):39-47. PMID: [30600248](#)

In a national survey of certified dental hygienist training programs, with a 27.2% response rate, 83.3% reported including elder abuse training in their curricula. 40% perceived their graduates to be competent to recognize elder abuse or neglect, and 20-30% that graduates could communicate regarding this issue or know how to report.

LGBTQ Concerns

McConnell EA.

Risking It Anyway: An Adolescent Case Study of Trauma, Sexual and Gender Identities, and Relationality.

Issues Ment Health Nurs. 2018 Jan;39(1):73-82. PMID: [29333889](#)

“Historical mistrust stemming from the pathologization of sexual and gender diversity, lack of regard for people’s self-designated identities, inadequate training of mental health professionals, and negative experiences with care providers all contribute to underutilization of mental health services among SGM [sexual gender minority] populations.” Article contains a detailed discussion of affirmative therapy sessions with an adolescent questioning her sexual and gender identities in the setting of a trauma history.

Cultural Concerns

Marchetti E, Daly K.

Indigenous Partner Violence, Indigenous Sentencing Courts, and Pathways to Desistance.

Violence Against Women. 2017 Oct;23(12):1513-1535. PMID: [27630222](#)

Description of the benefits of Australian Indigenous Sentencing Courts, with ½ of perpetrators desisting from further abusive behavior, and who described “internal” triggers for change. “The desisters acknowledged feeling guilty, scared, nervous, and responsible for their actions, and they held a deep sense of respect for their Elders and what they had to say about partner violence offending.”

Perpetrators described prior experiences with mainstream court as providing a threat of being incarcerated, but offering no incentive or support for change in behavior.

Bridges AJ, Karlsson ME, Jackson JC, et. al.

Barriers to and Methods of Help Seeking for Domestic Violence Victimization: A Comparison of Hispanic and Non-Hispanic White Women Residing in the United States.

Violence Against Women. 2018 Dec;24(15):1810-1829. PMID: [29409400](#)

“Hispanics reported child care needs and fears of social embarrassment as barriers to leaving, while non-Hispanic Whites reported fewer social supports as a barrier. Hispanics were more likely to use legal resources for help, while non-Hispanic Whites used more informal resources. Recognizing unique barriers to leaving abusive relationships and accessing help can guide service providers.”

Bhandari S.

South Asian women's coping strategies in the face of domestic violence in the United States.

Health Care Women Int. 2018 Feb;39(2):220-242. PMID: [29043916](#)

Description of 20 South Asian women experiencing IPV in the US. “Emotion-focused coping strategies include (a) spirituality and/or religion and (b) the role of children. Problem-focused coping strategies include (c) informal and formal support and (d) strategies of resisting, pacifying, safety planning.”

Sexual Assault

Considine P.

#YouToo.

J Emerg Med. 2018 Nov;55(5):726-728. PMID: [30055945](#)

First-hand account of a medical student/resident and the politics and frustrations of reporting sexual assault.

Wood L, Sulley C, Kammer-Kerwick M, et. al.

Climate Surveys: An Inventory of Understanding Sexual Assault and Other Crimes of Interpersonal Violence at Institutions of Higher Education.

Violence Against Women. 2017 Sep;23(10):1249-1267. PMID: [27480616](#)

Analysis of 10 different climate surveys on sexual assault, dating/domestic violence, sexual harassment and stalking, for use in higher education institutions.

Pinsky HT, Shepard ME, Bird ER, et. al.

Differences in Mental Health and Sexual Outcomes Based on Type of Nonconsensual Sexual Penetration.

Violence Against Women. 2017 Aug;23(9):1039-1054. PMID: [27486127](#)

In a study of sexual assault of 864 female 21-30 year-olds who reported heavy episodic drinking and risky sexual behavior, rape statistics were as follows: 42.5% no rape, 48.1% vaginal rape, 12.6% anal rape, and 36.8% oral rape. 24.9% experienced one type of rape, 25.2% two types, and 7.4% all three types. All types were associated with negative mental and sexual health symptoms, more so with oral and/or anal rape as opposed to vaginal rape alone.

Colvin ML, Pruett JA, Young SM, Holosko MJ.

An Exploratory Case Study of a Sexual Assault Telephone Hotline: Training and Practice Implications.

Violence Against Women. 2017 Jul;23(8):973-992. PMID: [27364005](#)

This analysis of calls to a 24 hour sexual assault hotline, including time gap, categories of people calling the hotline, severity and urgency, and services and referrals provided, has implications for training, practice, and future research.

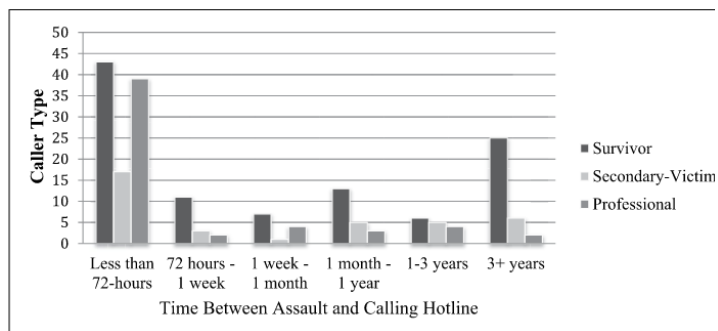


Figure 2. Time between assault and calling the hotline, by caller type (n = 196).

Backe EL.

A Crisis of Care: The Politics and Therapeutics of a Rape Crisis Hotline.

Med Anthropol Q. 2018 Dec;32(4):463-480. PMID: [29968935](#)

Per author, who assessed a rape crisis hotline, “The tension between the survivor-centered model of the hotline and the mental health needs of clients represents a friction of utility - a misalignment between the care that hotline advocates provide and the support that survivors seek. The...internal contradictions of the hotline also results in high rates of vicarious trauma for advocates.”

Human Trafficking

Leslie J.

Human Trafficking: Clinical Assessment Guideline.

J Trauma Nurs. 2018 Sep/Oct;25(5):282-289. PMID: [30216256](#)

Author reviews research on human trafficking assessment, and concludes that there is no best standard. Barriers to disclosure include “patient’s fear of further abuse by the trafficker, fear of being reported to immigration, inability to pay for services, shame and stigma, prior criminal record, and judgmental or discriminatory treatment by health care worker.” Since “80% of victims are seen by a health care provider while under the control of their trafficker”, author suggests following National Human Trafficking Resource Center guidelines “that

before screening for the warning signs of HT, the health care clinician should take actions that would address the patient’s comfortability, potential language barrier, privacy, rapport building and confidentiality, feeling of safety and protection, any needed resources that the victim may need, as well as expert resources that the assessor may need during the time of the screening.”

Wyatt TR, Sinutko J.

Hidden in Plain Sight: A Guide to Human Trafficking for Home Healthcare Clinicians.

Home Healthc Now. 2018 Sep/Oct;36(5):282-288. PMID: [30192272](#)

“Home healthcare providers have access to homes where human trafficking victims may be hidden in plain sight. It is critical that home healthcare providers know the signs of human trafficking, how to screen a potential victim, how to report any suspicious activities, and ways to remain safe while working in the community.”

Perpetrators

Pettigrew M.

Somnophilia and Sexual Abuse through the Administration of GHB and GBL.

J Forensic Sci. 2019 Jan;64(1):302-303. PMID: [29783276](#)

Discussion of “somnophilia, the desire to have sex with an unconscious, sleeping, or comatose person who is unable to respond”, which may be connected to the use of date rape drugs.

Police and Court Systems

Logan TK, Lynch KR.

Dangerous Liaisons: Examining the Connection of Stalking and Gun Threats Among Partner Abuse Victims.

Violence Vict. 2018 Jun;33(3):399-416. PMID: [30567855](#)

From surveys of over 500 women who called the National DV Hotline, “one-third of the participants had experienced threats with guns, and one-fifth of those without gun threats worried their (ex)partner would harm them with a gun...three-fourth of those who were threatened with a gun reported being stalked. Victims who experienced stalking were also more likely to report their (ex)partner threatened others with guns and were more likely to carry a firearm on their body or in their car, which suggests stalkers who threatened with guns may pose a significant risk to public safety.”

Providers

Gmelin T, Raible CA, Dick R, Kukke S, Miller E.

Integrating Reproductive Health Services Into Intimate Partner and Sexual Violence Victim Service Programs.

Violence Against Women. 2018 Oct;24(13):1557-1569. PMID: [29332519](#)

Description of the initial stages of Project Connect, a federally-funded multi-state initiative to increase collaboration between IPV agencies and health services. “Both advocates and health providers admitted frustrations due to significant cultural differences and expectations between sectors, such as financial priorities, differing personal and professional backgrounds, and approaches to providing care and safety to women who have experienced violence...and highlight the historical lack of cross-training between the two sectors.” Nevertheless, authors believe “Integration of reproductive health services into IPV/SV victim service agencies is feasible” and describe future research needs.

Association of Women’s Health, Obstetric and Neonatal Nurses.

Intimate Partner Violence.

J Obstet Gynecol Neonatal Nurs. 2019 Jan;48(1):112-116. PMID: [30611400](#)

Nursing group position that includes among other things advocating for increased public awareness; enhanced background checks and prohibition of gun ownership for IPV perpetrators; research on IPV etiology, consequences and prevention; regulations requiring training and competency for health care providers; and repeal of federal, state, and tribal laws that require health care providers to report IPV screening results without the woman’s consent.

Miller E, McCaw B.

Intimate Partner Violence.

N Engl J Med. 2019 Feb 28;380(9):850-857. PMID: [30811911](#)

Outstanding review article including prevalence, health effects, case examples, improvement of health care system response, and resources.

ACOG Committee Opinion No. 758: Promoting Healthy Relationships in Adolescents.

Obstet Gynecol. 2018 Nov;132(5):e213-e220. PMID: [30629568](#)

“Because middle school is a time when some adolescents may develop their first romantic or sexual relationships, it is an ideal timeframe for ob/gyns and other health care providers, parents, and guardians to play a role in anticipatory guidance...Obstetrician-gynecologists should screen patients routinely for intimate partner violence along with reproductive and sexual coercion and be prepared to address positive responses.”

Rowlands S, Walker S.

Reproductive control by others: means, perpetrators and effects.

BMJ Sex Reprod Health. 2019 Jan;45(1):61-67. PMID: [30622127](#)

“Reproductive control of women by others comprises a wide range of behaviours, from persuasion to pressure such as emotional blackmail, societal or family expectations, through to threats of or actual physical violence. It is defined as behaviours that interfere with women's reproductive autonomy as well as any actions that pressurise or coerce a woman into initiating or terminating a pregnancy...It can be carried out by intimate partners, the wider family, or as part of criminal behaviour...is reported by as many as one quarter of women attending sexual and reproductive healthcare services...Screening questions for its detection have been developed.”

Screening questions for reproductive control

If not pregnant: Does your partner support your decision about when or if you want to become pregnant?

If not trying to become pregnant: Has your partner ever tried to get you pregnant when you did not want to be pregnant? Has your partner ever refused your request to use condoms?

If already pregnant: Do you and your partner agree on what you should do about your pregnancy?

Injury	Chronic Conditions	Mental Health Conditions and Substance Misuse	Urologic and Gynecologic Conditions	Pregnancy and Peripartum-Related Conditions	Other Conditions
Strains, contusions, lacerations Fractures Head, neck, and facial injuries Strangulation Traumatic brain injury Thoracic and abdominal injuries Sexual assault Homicide	Asthma Diabetes Cardiovascular conditions (HTN, lipid disorders) Stroke Joint disease Chronic pain	Depression Anxiety disorders, including PTSD Eating disorders Suicidal behavior Tobacco addiction Misuse of alcohol and other drugs Prescription and opioid misuse	HIV infection STD UTI Unplanned pregnancy Menstrual disorders Pelvic pain Dyspareunia Menopausal symptoms Incontinence	Obstetrical complications (miscarriage, injury, HTN) Perinatal depression, anxiety Smoking, alcohol, or substance misuse Death due to homicide or suicide Preterm birth, low-birth-weight infant	Frequent headaches Difficulty sleeping Gastrointestinal disorders Palpitations Fibromyalgia Musculoskeletal conditions Activity limitations Multiple physical symptoms

Kovar CL.

Reproductive Coercion: Baby, If You Love Me...

MCN Am J Matern Child Nurs. 2018 Jul/Aug;43(4):213-217.

PMID: [29958204](#)

Review of reproductive coercion from a partner includes contraceptive sabotage, pregnancy pressure, and control of pregnancy outcomes, which is estimated at 8-15%. There is a high association between IPV, sexually transmitted infections, and unintended pregnancy, with greater risk in adolescents than older women.

Florian PM.

The Unwelcome Guest: Working with Childhood Sexual Abuse Survivors in Reproductive Health Care.

Obstet Gynecol Clin North Am. 2018 Sep;45(3):549-562.

PMID: [30092928](#)

“To bridge the gap that exists when the unwelcome guest of CSA enters the reproductive health care arena, it is important to understand the psychological influences of trauma that affect CSA survivors, the symptoms or behavioral cues that are commonly revealed, and therapeutic approaches that can facilitate positive patient-provider experiences in health care.”

Farrow VA, Bosch J, Crawford JN, Snead C, Schulkin J.

Screening for History of Childhood Abuse: Beliefs, Practice Patterns, and Barriers Among Obstetrician-Gynecologists.

Womens Health Issues. 2018 Nov - Dec;28(6):559-568. PMID:

[30340965](#)

From an ACOG survey with an 18% response rate, the majority of OB/Gyns believed that assessment of childhood abuse history was important to patient care, yet few reported screening regularly. Major barriers were not enough time either to ask about or to counsel about a history of childhood abuse, and “no system in place for getting patients with childhood abuse history connected to help”.

Factors that would make it very likely that ob/gyns would screen were: having a mental health provider embedded at their clinic, a list of local referral resources, and having support staff who could conduct the screening.

Esper LH, Gherardi-Donato ECDS.

Mindfulness-based interventions for women victims of interpersonal violence: A systematic review.

Arch Psychiatr Nurs. 2019 Feb;33(1):120-130. PMID:

[30663615](#)

In this research review, mindfulness training was found to be an effective intervention for women with a history of IPV, leading to a reduction in sexual difficulties; reduction in emotional symptoms of depression, anxiety and PTSD; decreased use of

inadequate confrontation strategies like avoidance; and decrease in blood levels of inflammatory markers.

Machtiger EL, Davis KB, Kimberg LS, et. al.

From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care.

Womens Health Issues. 2019 Mar - Apr;29(2):97-102. PMID:

[30606467](#) PDF

Discussion of preparatory steps, options for approaches to inquiry, and appropriate response to systematic inquiry of adults about recent and past trauma. Inquiry approaches include assuming a history of trauma without asking, screening for the impacts of past trauma instead of for the trauma itself, inquiry using open-ended questions, and inquiry using a structured tool.

Trauma-informed Health Care



Prevention

Felitti VJ.

Health Appraisal and the Adverse Childhood Experiences Study: National Implications for Health Care, Cost, and Utilization.

Perm J. 2019;23. pii: 18-026. PMID: [30624193](#)

Description by Dr. Felitti of the process and benefits of the original Kaiser Health Appraisal program, a preventative health and management program that was the origin of asking adults about ACEs.

Meng X, Fleury MJ, Xiang YT, Li M, D'Arcy C.

Resilience and protective factors among people with a history of child maltreatment: a systematic review.

Soc Psychiatry Psychiatr Epidemiol. 2018 May;53(5):453-475. PMID: [29349479](#)

In-depth research review. "Although the conceptualization of resilience significantly varied from study to study, protective factors associated with resilience at individual, familial, and societal levels reduced the likelihood of negative consequences of childhood maltreatment."

Table 2 A summary of protective factors associated with adaptive functioning and resilience

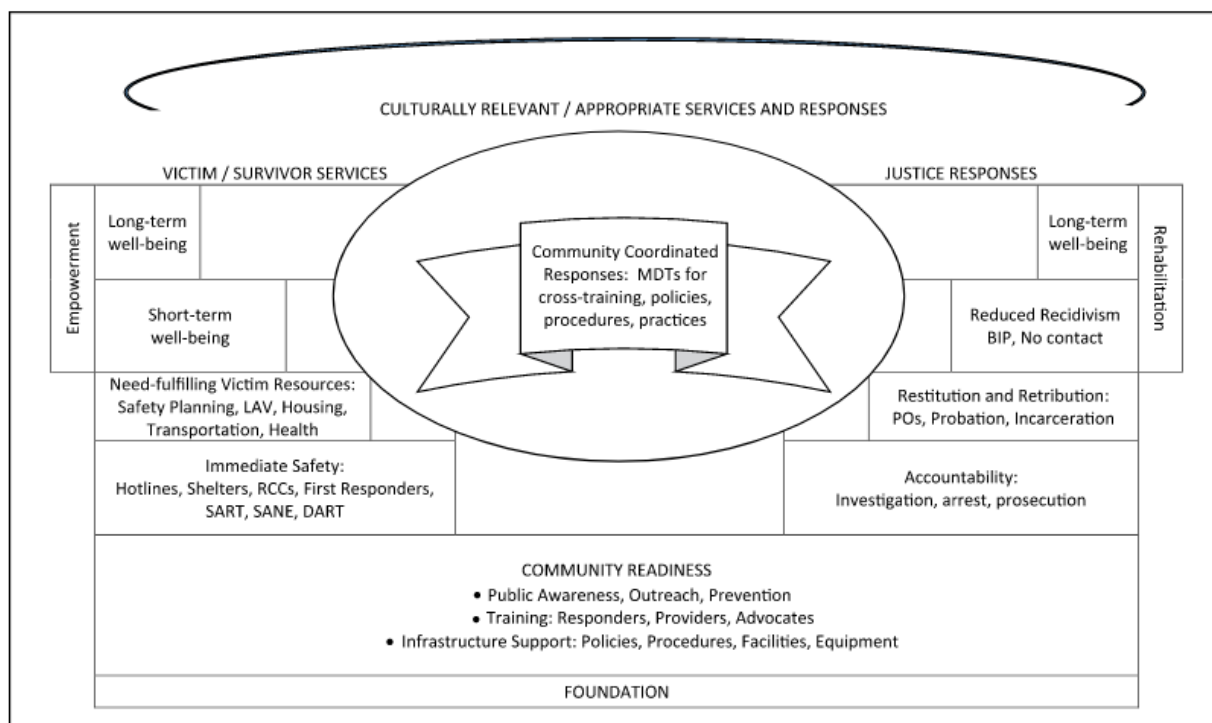
Groups	Objective factors	Self-perceived factors
Individual factors	Optimal birth outcomes, coping, education, relationship history, social economic status, social skills, positive coping, and adaptive functioning skills	Self-regulation, perceived internal control, attachment, locus of control, self esteem, ego identify, eco-resiliency, emotion regulation, adult personality functioning, personality, social efficacy, spirituality, hope expectancy, protective self-cognition, and social competence
Familial factors	Early family environment, living with parents, positive parenting, parental care, family functioning, family and peer context, role of child religiosity, friendship, intimate partner relationships, sibling relationships, and peer relationships	Family connectedness, family integrity
Community/society factors	Other adult (other than family members) caring, teacher caring, social support, school safety, community support, inferential style, educational support, living in a neighbourhood with few problems, and social engagement	

White JW, Sienkiewicz HC.

Victim Empowerment, Safety, and Perpetrator Accountability Through Collaboration: A Crisis to Transformation Conceptual Model.

Violence Against Women. 2018 Nov;24(14):1678-1696. PMID: [29332555](#)

Community collaborative model:



Decker MR, Wood SN, Ndinda E, et. al.
Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training.

BMC Public Health. 2018 Dec 4;18(1):1341. PMID: [30514264](#)
 A 12 hour empowerment self-defense intervention for both primary and secondary female students in Malawi led to significant decrease in sexual assault prevalence.

Powers RA, Leili J.
Bar Training for Active Bystanders: Evaluation of a Community-Based Bystander Intervention Program.
 Violence Against Women. 2018 Oct;24(13):1614-1634. PMID: [29332525](#)

Description of an active bystander training for bar staff. Authors note that while the program was effective in increasing intent to intervene, gender issues were important – after training, males were noted to have greater change in decrease in rape myth acceptance, and females noted more perceived barriers to intervening.

Researchers

Kilimnik CD, Pulverman CS, Meston CM.
Methodologic Considerations for the Study of Childhood Sexual Abuse in Sexual Health Outcome Research: A Comprehensive Review.

Sex Med Rev. 2018 Apr;6(2):176-187. PMID: [29371142](#)
 Authors propose recommendations to increase the utility of child abuse research in sexual health, including how abuse and outcomes are measured, reported and examined.

Sullivan TP, Price C, McPartland T, Hunter BA, Fisher BS.
The Researcher-Practitioner Partnership Study (RPPS): Experiences From Criminal Justice System Collaborations Studying Violence Against Women.

Violence Against Women. 2017 Jun;23(7):887-907. PMID: [27271778](#)
 “This systematic study identified essential elements for researchers and practitioners to consider for successfully collaborating on VAW [violence against women] research in the CJ [criminal justice] system. Results focused on the entire partnership process from identifying good collaborators to developing and disseminating products.”

Other of Interest

Woodlock D.
The Abuse of Technology in Domestic Violence and Stalking.
 Violence Against Women. 2017 Apr;23(5):584-602. PMID: [27178564](#)

Surveys with 152 DV advocates and 46 victims show that “technology including phones, tablets, computers, and social networking websites are commonly used in intimate partner stalking. Technology was used to create a sense of the perpetrator's omnipresence, and to isolate, punish, and humiliate domestic violence victims.”

Koek RJ, Roach J, Athanasiou N, et. al.
Neuromodulatory treatments for post-traumatic stress disorder (PTSD).

Prog Neuropsychopharmacol Biol Psychiatry. 2019 Jan 11;92:148-160. PMID: [30641094](#)
 Review of present known information about the brain changes relating to PTSD symptoms and the rationale for various electrical treatments.

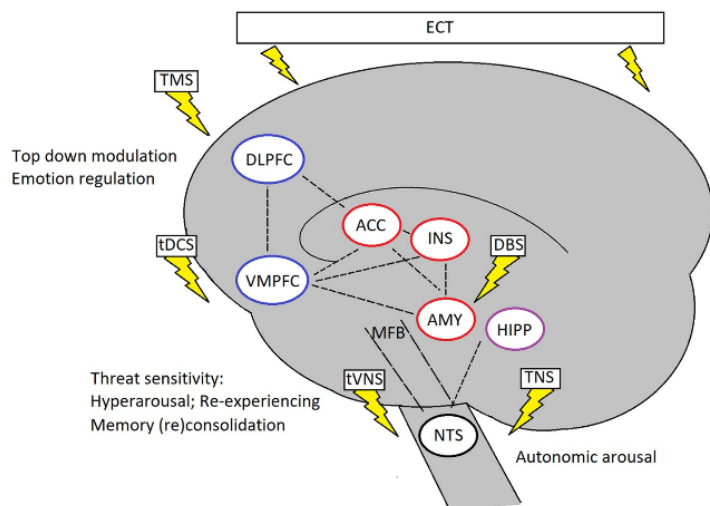


Fig. 1. Schematic of neural regions implicated in PTSD and location of effect for various neuromodulation techniques. Blue and red circles represent decreased neural activity/connectivity and increased neural activity/connectivity, respectively. Purple circle represents both increased and decreased neural activity/connectivity. Dotted lines represent connections between regions. ECT = electroconvulsive therapy; TMS = transcranial magnetic stimulation; tDCS = transcranial direct current stimulation; TNS = trigeminal nerve stimulation; tVNS = transcutaneous vagus nerve stimulation; DBS = deep brain stimulation; DLPFC = dorsolateral prefrontal cortex; VMPFC = ventromedial prefrontal cortex; ACC = anterior cingulate cortex; INS = insula; AMY = amygdala; HIPP = hippocampus; MFB = medial forebrain bundle; NTS = nucleus tractus solitarius. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)