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Child Abuse

Lopez M, Ruiz MO, Rovnaghi CR, et. al.

The social ecology of childhood and early life adversity.

Pediatr Res. 2021 Jan;89(2):353-367. PMID: [33462396](#)

“Research to ensure that ELA [Early Life Adversity] can be assessed in the context of a child’s social ecology, not just their ACEs score, is urgently needed. ELA and ELS [Early Life Stress] increase the child’s vulnerability to short-term effects on behaviors, emotions, lifestyle choices, and relationships, with long-term effects on their physical health, psychiatric, social, and economic outcomes. Positive experiences and protective factors must also be considered. Cumulative knowledge from these studies can then guide practical interventions.

Table 3. Resilience-associated factors in the child’s social ecology.

Domains	Common resilience factors
Individual factors	Active coping mastery Hope, faith, optimism
Household factors	Nurturing family members, strong friendships, supportive non-relative mentors Family cohesion, belonging, skilled family management Collaborative problem-solving, flexibility, family role organization Balancing family/work needs Positive family outlook Family routines and rituals (reading aloud, sleep hygiene, family prayer) High-quality child-care facilities and schools
Community factors	Parent engagement in a well-functioning school Safe, clean, and stable neighborhoods Interaction with next-door peers, classmates, teachers, faith-based groups Connections with well-functioning communities Stable income sources Positive workplace relationships
Broader societal factors	Family-focused social policies, taxation laws, welfare programs Healthcare access, health insurance Social and economic equity, diverse communities Inter-faith dialogue, social justice

Adapted from Table 2 in Masten and Barnes.¹⁴⁷

Lawson M, Piel MH, Simon M.

Child Maltreatment during the COVID-19 Pandemic: Consequences of Parental Job Loss on Psychological and Physical Abuse Towards Children.

Child Abuse Negl. 2020 Dec;110(Pt 2):104709. PMID: [32893003](#)

From an online survey of 342 community parents, “Children of parents who experienced job loss related to the COVID-19 pandemic were nearly five times as likely to be psychologically maltreated during the pandemic compared with children of parents who did not lose their jobs...Children that have been psychologically maltreated exhibit higher rates of aggression, hyperactivity, conduct problems, anxiety, and depression across the lifespan...Thus, parental job loss during the COVID-19 pandemic presents significant risk for children’s concurrent development and long-term adjustment...Parental job loss was additionally associated with an increased probability of physical abuse...in addition, the odds of being psychologically maltreated and physically abused during the pandemic were 112 and 20 times higher, respectively, among children that were maltreated in the year prior to the pandemic.” Entire journal issue “Protecting Children from Maltreatment during Covid-19” [Table of Contents and Abstracts](#)

Racine N, Hartwick C, Collin-Vézina D, Madigan S.

Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations.

Child Abuse Negl. 2020 Dec;110(Pt 2):104698. PMID: [32839022](#)

“While the benefits of telemental health have been identified, there are unique limitations to its implementation within a child maltreatment population, such as challenges with attention and emotion regulation skills, difficulties identifying dissociative symptoms, and increased time with perpetrators of abuse due to shelter in place orders. These limitations are exacerbated for children and families who are most marginalized. Lack of access to reliable technology, lack of a private or confidential space for sessions, and reluctance to process trauma in the absence of a safe environment, are all barriers to conducting effective trauma treatment over telemental health...it will be important to prioritize and triage cases that would benefit most from in-person treatment.

Stavas N, Paine C, Song L, Shults J, Wood J.

Impact of Child Abuse Clinical Pathways on Skeletal Survey Performance in High-Risk Infants.

Acad Pediatr. 2020 Jan-Feb;20(1):39-45. PMID: [30880065](#)

In a retrospective study of children <1 year of age diagnosed with injuries associated with high risk of abuse, children seen in a hospital with a child abuse clinical pathway (protocol on what to do in the electronic hospital record), were 46% more likely to receive a skeletal survey.

Rabbitt AL, Kelly TG, Yan K, Zhang J, Bretl DA, Quijano CV.

Characteristics associated with spine injury on magnetic resonance imaging in children evaluated for abusive head trauma.

Pediatr Radiol. 2020 Jan;50(1):83-97. PMID: [31901991](#)

Of 76 children under age 5 who were being evaluated for abusive head injury, 59.2% also had a spine injury on MRI. Spine injury was associated with more severe injury and longer ICU stays, lower initial mental status, and longer ventilation times.

Berger RP, Furtado AD, Flom LL, Fromkin JB, Panigrahy A.

Implementation of a brain injury screen MRI for infants at risk for abusive head trauma.

Pediatr Radiol. 2020 Jan;50(1):75-82. PMID: [31901990](#)

Use of a brief MRI brain injury screen to identify brain bleeding was feasible and accurate, and could potentially decrease the radiation and need for sedation of CT scans.

Blackwell LS, Martinez M, Fournier-Goodnight A, et. al.

Patterns of Osteopontin Expression in Abusive Head Trauma Compared with Other Causes of Pediatric Traumatic Brain Injury.

J Pediatr. 2020 Dec;227:170-175. PMID: [32622673](#)

Of 77 children aged <4 years diagnosed with traumatic brain injury and seen in the ICU at a tertiary children's hospital, blood levels of osteopontin, a neuroinflammatory biomarker, were significantly higher in children with confirmed abusive head trauma (AHT) compared to suspected AHT or accidental causes such as car accidents.

Entringer S, de Punder K, Overfeld J, et. al.

Immediate and longitudinal effects of maltreatment on systemic inflammation in young children.

Dev Psychopathol. 2020 Dec;32(5):1725-1731. PMID: [33427162](#)

For 173 maltreated children 3-5 years of age, for girls an increase in C-reactive protein (CRP - a blood marker of inflammation) was found immediately after the abuse was recognized and stayed elevated during the two years of the study follow-up period, but there was no increase in CRP noted for boys.

Suzuki S, Fujisawa TX, Sakakibara N, et. al.

Development of Social Attention and Oxytocin Levels in Maltreated Children.

Sci Rep. 2020 May 4;10(1):7407. PMID: [32366913](#)

For a group of maltreated children compared to typical findings, maltreated children had lower salivary oxytocin levels (the "tend and befriend" hormone), lower gaze fixation, and increased social-emotional problems. Authors suggest that lower oxytocin levels are associated with decreased eye contact as a social cue, thus leading to increased risk of social interaction issues.

Flannigan K, Kapasi A, Pei J, et. al.

Characterizing adverse childhood experiences among children and adolescents with prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder.

Child Abuse Negl. 2021 Feb;112:104888. PMID: [33388606](#)

Of 333 children and adolescents with prenatal alcohol exposure (PAE), 66% of whom were diagnosed with fetal alcohol spectrum disorder, mean ACE score was 3.4. Common ACEs included not being raised by both biological parents (97.3%), caregiver disruption (88.5%), and exposure to household substance use (69.7%). Females had significantly higher rates of sexual abuse than males (13.3% vs. 3.7%). "Children and adolescents with PAE experience high rates of early adversity."

Liming KW, Brook J, Akin B.

Cumulative adverse childhood experiences among children in foster care and the association with reunification.

Child Abuse Negl. 2021 Mar;113:104899. PMID: [33454641](#)

For 2998 children in foster care 6-18 years old, increased cumulative ACE exposure significantly impeded likelihood of reunification, and slowed time to reunification. Children with 6-9 ACEs and 10+ ACEs were 28% and 42% less likely to reunify, respectively, when compared to their counterparts with 1-5 ACEs.

Davis KA, Mountain RV, Pickett OR, et. al.

Teeth as Potential New Tools to Measure Early-Life Adversity and Subsequent Mental Health Risk.

Biol Psychiatry. 2020 Mar 15;87(6):502-513. PMID: [31858984](#)

"Because enamel does not regenerate, it leaves a permanent record of its formation process in the tooth, much like the rings in a tree marking its age. Stress exposure during development can disrupt this process, producing stress lines and permanent records of the existence and timing of the stressful experience." This process is distinct from oral health evaluation. Teeth can be examined as baby teeth fall out, or from teeth removed by injury, orthodontia, wisdom teeth removal, or at autopsy.

Adult Manifestations of Child Abuse

Baldwin JR, Caspi A, Meehan AJ, et. al.

Population vs Individual Prediction of Poor Health From Results of Adverse Childhood Experiences Screening.

JAMA Pediatr. 2021 Jan 25:e205602. PMID: [33492366](#)

“On the one hand, high ACE scores can identify groups of individuals at heightened mean risk of poor health later in life, independent of other clinical risk factors and regardless of whether ACEs were measured prospectively in childhood or retrospectively in adulthood...On the other hand, ACE scores alone do not accurately discriminate between individuals with or without health problems in later life. Many individuals with high ACE scores will not develop poor health outcomes, and most poor health outcomes in the population will be observed in those with low ACE scores, as these groups are more prevalent. Therefore, these findings caution against the use of ACE scores in disease prediction and clinical decision-making.”

Koball AM, Rasmussen C, Olson-Dorff D, et. al.

The relationship between adverse childhood experiences, healthcare utilization, cost of care and medical comorbidities.

Child Abuse Negl. 2019 Apr;90:120-126. PMID: [30776737](#)

For 2038 adult patients who were screened for ACEs in a Midwestern health care system and followed for a year, those with high ACEs (4+), even after controlling for age, gender, and insurance type, made more but kept fewer appointments. “Those with high ACEs had the greatest impact on potential lost revenue given that they late-cancelled and no-showed more appointments. Those with high ACEs also had more medical comorbidities, medications, and needed more care coordinator than those with moderate or no ACEs.”

Sweeting JA, Garfin DR, Holman EA, Silver RC.

Associations between exposure to childhood bullying and abuse and adulthood outcomes in a representative national U.S. sample.

Child Abuse Negl. 2020 Mar;101:104048. PMID: [31945515](#)

From a national adult survey, 26.29% reported childhood bullying, 15.02% physical abuse, 15.56% witnessing parental violence, 11.42% sexual abuse, and 8.64% parental neglect. These childhood experiences were variously associated as adults with greater overall distress, functional impairment, fear of the future, and more mental and physical health ailments.

Godoy LC, Frankfurter C, Cooper M, et. al.

Association of Adverse Childhood Experiences With Cardiovascular Disease Later in Life: A Review.

JAMA Cardiol. 2021 Feb 1;6(2):228-235. PMID: [33263716](#)

ACEs “elicit chronic activation of the stress response system, leading to autonomic, neuroendocrine, and inflammatory dysfunction. The subsequent development of traditional risk factors, such as diabetes, hypertension, smoking, and obesity, results in the onset of CVD and premature mortality. Adults with 4 or more ACEs compared with those with none have a more than 2-fold higher risk of developing CVD and an almost 2-fold higher risk of premature mortality.”

McIntyre RS, Subramaniapillai M, Lee Y, et. al.

Efficacy of Adjunctive Infliximab vs Placebo in the Treatment of Adults With Bipolar I/II Depression.

JAMA Psychiatry. 2019 Aug 1;76(8):783-790. PMID:

[31066887](#)

For 60 adults with bipolar depression and inflammatory conditions, treatment with an anti-inflammatory agent did not decrease overall depressive symptoms compared with placebo; however, depressive symptoms did significantly decrease in a subpopulation who reported childhood maltreatment.

Andersson SO, Annerbäck EM, Söndergaard HP, et. al.

Adverse Childhood Experiences are associated with choice of partner, both partners' relationship and psychosocial health as reported one year after birth of a common child.

PLoS One. 2021 Jan 20;16(1):e0244696. PMID: [33471844](#)

For 818 Swedish couples surveyed one year after the birth of a common child, 59% of both mothers and partners reported exposure to at least one of ten ACEs. 11% of mothers and 9% of partners reported exposure to 4+ ACEs, and there was a correlation with mothers exposed to ACEs tending to have partners also exposed to ACEs. Parents with 4+ ACEs were 13.82 times more likely to report bad health, anxiety (91.97), depression (17.42), and perceived stress (11.04). “The consequences to the children should be further studied...”

Racine N, Devereaux C, Cooke JE, Eirich R, Zhu J, Madigan S.

Adverse childhood experiences and maternal anxiety and depression: a meta-analysis.

BMC Psychiatry. 2021 Jan 11;21(1):28. PMID: [33430822](#)

From a research review, ACEs conferred a small to moderate effect on maternal mental health – increased risk of prenatal and postpartum depressive symptoms, and prenatal anxiety.

Adolescents

Basile KC, Clayton HB, DeGue S, et. al.

Interpersonal Violence Victimization Among High School Students – Youth Risk Behavior Survey, United States, 2019.

MMWR Suppl. 2020 Aug 21;69(1):28-37. PMID: [32817605](#)

From a 2019 national survey of US high school students, “8.2% of students reported physical dating violence; 8.2% reported sexual dating violence; 10.8% reported sexual violence by anyone, of which 50% of cases were by a perpetrator other than a dating partner; 19.5% reported bullying on school property; and 15.7% reported electronic bullying victimization during the previous 12 months...Female students; lesbian, gay, and bisexual students; and students not sure of their sexual identity reported the highest prevalence estimates across all five violence victimization types.”

Rogers AA, Ha T, Byon J, Thomas C.

Masculine gender-role adherence indicates conflict resolution patterns in heterosexual adolescent couples: A dyadic, observational study.

J Adolesc. 2020 Feb;79:112-121. PMID: [31945706](#)

For 91 heterosexual adolescent couples from the US Southwest, mean age 16.5 and 44% White, 42% Latinx, assessed in a lab setting during a conflict resolution task, “more highly masculine adolescents generally displayed less conflict negotiation and more coercion during the discussion task...may be challenged in acquiring skills for constructive conflict resolution with a romantic partner.”

Oh HY, Marinovich C, Jay S, Zhou S, Kim JHJ.

Abuse and suicide risk among college students in the United States: Findings from the 2019 Healthy Minds Study.

J Affect Disord. 2021 Mar 1;282:554-560. PMID: [33433385](#)

From a national survey of college students, “In the past 12 months, 12.56% of the sample reported suicidal ideation, 5.70% reported making a suicide plan, and 1.28% reported making a suicide attempt. Over a third of the sample reported at least one type of abuse over the past 12 months. Emotional, physical, and sexual abuse were all associated with greater odds of all suicide outcomes, adjusting for sociodemographic characteristics and mental health.”

Domestic Violence – Effects on Children

Thompson-Walsh C, Scott KL, Lishak V, Dyson A.

How domestically violent Fathers impact children's social-emotional development: Fathers' psychological functioning, parenting, and coparenting.

Child Abuse Negl. 2021 Feb;112:104866. PMID: [33387680](#)

From surveys of 123 DV perpetrating fathers compared to a control group, paternal depression, hostility, and coparenting difficulties were significantly associated with child mood and behavioral difficulties. Low paternal warmth was also associated with child behavioral difficulties.

Chan CS, Sarvet AL, Basu A, Koenen K, Keyes KM.

Associations of intimate partner violence and financial adversity with familial homelessness in pregnant and postpartum women: A 7-year prospective study of the ALSPAC cohort.

PLoS One. 2021 Jan 15;16(1):e0245507. PMID: [33449965](#)

From a questionnaire to UK mothers, “Emotional and physical IPV and financial adversity independently and jointly increase the risk of incident homelessness. The effects of emotional and physical IPV are comparable to or greater than the risk of financial adversity. Homelessness prevention policies should consider IPV victims as high-risk, regardless of financial status.”

Domestic Violence – Physical Health

Richard H, Byrne C, Saville CWN, Coetzer R.

The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review.

Neuropsychol Rehabil. 2021 Jan 12:1-29. PMID: [33432860](#)

From a research review, “Pathological changes included arterial dissection [internal shredding of important neck blood vessels] and stroke. Neurological consequences included loss of consciousness, indicating at least mild acquired brain injury, seizures, motor and speech disorders, and paralysis. Psychological outcomes included PTSD, depression, suicidality, and dissociation. Cognitive and behavioural sequelae included memory loss, increased aggression, compliance, and lack of help-seeking...There is a need for further neuropsychological research, focusing on cognitive and behavioural outcomes, using standardized tools, and control groups where possible.”

Thomas R, Dyer GSM, Tornetta Iii P, et. al.

Upper extremity injuries in the victims of intimate partner violence.

Eur Radiol. 2021 Jan 18;1-8. PMID: [33459857](#)

Of 308 patients who reported physical IPV, 55 had upper extremity (UE) injuries. This group were 49 females and 6 males, mean age 38. Injuries included 46 fractures, 8 dislocations, and 34 soft tissue injuries. 46% of the fractures involved the fingers, and most of the injuries in general involved the hand and fingers. 41% also had head and face injuries, and half of the patients with recurrent UE injuries had recurrent injuries of the same hand.

Sorrentino A, Guida C, Cinquegrana V, Baldry AC.

Femicide Fatal Risk Factors: A Last Decade Comparison between Italian Victims of Femicide by Age Groups.

Int J Environ Res Public Health. 2020 Oct 29;17(21):7953.

PMID: [33138206](#)

Table 4. Comparison of motives of femicide for each age range against the rest.

	Jealousy	Incapability to Accept the End of the Relationship	Quarrels and Conflicts	Victim' Mental and Physical Illness	Perpetrator' Mental and Physical Illness	
Adolescent/young women	% OR (CI)	12.4 1.31 (0.72-2.39)	11.5 1.20 (0.69-2.08)	1.9 0.18 ** (0.06-0.61)	1.3 0.12 * (0.02-0.90)	2.2 0.20 * (0.06-0.70)
Adult women	% OR (CI)	83.4 4.23 *** (2.65-6.75)	84.9 4.73 *** (3.12-7.17)	72.9 2.26 *** (1.48-3.45)	12.8 0.12 *** (0.06-0.25)	46.0 0.72 (0.48-1.08)
Older women	% OR (CI)	4.1 0.08 *** (0.04-0.17)	3.6 0.07 *** (0.03-0.13)	25.2 0.06 * (0.39-0.93)	85.9 10.88 *** (5.50-21.51)	51.8 1.92 ** (1.27-2.90)

Note: * p < 0.05; ** p < 0.01; *** p < 0.001. OR = Odds Ratio, CI = Confidence Interval.

Elder/Dependent Adult Abuse

Hernandez-Tejada MA, Frook G, Steedley M, et. al.

Demographic-based risk of reporting psychopathology and poor health among mistreated older adults in the national elder mistreatment study wave II.

Aging Ment Health. 2020 Jan;24(1):22-26. PMID: [30450918](#)

As part of a large national study of mistreated elders, those reporting low income and financial distress we also more likely to report increased risk of depression, PTSD, anxiety and poor health.

Lin MC.

Communication neglect, caregiver anger and hostility, and perceptions of older care receivers' cognitive status and problem behaviors in explaining elder abuse.

J Elder Abuse Negl. 2020 Jun;32(3):235-258. PMID: [32183610](#)

From an online survey of 255 informal caregivers, "caregivers who perceived their older care receivers displayed problem behaviors were more likely to

engage in communication neglect, which then led to psychological abuse. Moreover, the joint effects of communication neglect and caregiver anger and hostility intensified caregivers' likelihood to commit psychological abuse."

Riederer AM, Golding JM.

Perceptions of plea bargaining in cases of elder financial abuse.

J Elder Abuse Negl. 2020 Jun;32(3):217-234. PMID: [32160818](#)

Elders lose an estimated \$2.6-36.5 billion dollars each year to financial abuse and exploitation, and approximately 78-90% of felony convictions are the result of pleas bargains. Members of the public in an online survey felt that plea-bargaining was more appropriate when the amount was small, the penalty was harsh, and the perpetrator was a son (relative) vs. a caretaker.

DePrince AP, Olomi JM, Lee MS, et. al.

Exploring an Emerging Measurement Issue in Older Adult Maltreatment: Exploitation of Older Adults' Residences.

J Trauma Dissociation. 2020 Mar-Apr;21(2):158-171. PMID: [31762391](#)

From a study of elder abuse police reports, 9.2% described exploitation of residences by a known/trusted perpetrator – "misuse of the older adult's residence that threatened the older adult's housing security and/or exerted control over the older adult...Residence exploitation was separable from financial exploitation...we propose that exploitation of older adults' residences warrants further measurement and practice attention."

LGBTQ Concerns

Bond MA, Stone AL, Salcido R Jr, Schnarrs PW.

How often were you traumatized? Reconceptualizing adverse childhood experiences for sexual and gender minorities.

J Affect Disord. 2021 Mar 1;282:407-414. PMID: [33422816](#)

From an online survey of sexual and gender minority adults, half had experienced 3 or more ACEs. Authors changed the ACE screen to show a scale for each item re: frequency of exposure to that ACE. Using this method showed better validation for self-reported anxiety and PTSD symptoms. "These results suggest that a better way to measure ACEs for sexual and gender minorities is to ask them how often they were exposed, rather than asking whether they were exposed."

Saad M, Burley JF, Miljanovski M, et. al.
Planning an intersectoral network of healthcare and community leaders to advance trans-affirming care for sexual assault survivors.

Healthc Manage Forum. 2020 Mar;33(2):65-69. PMID: [32090635](#)

Description of planning a network across health and social service sectors to enhance care for trans sexual assault survivors, including key insights learned and potential future steps.

Race/Cultural Concerns

Rosado JI, Ramirez A, Montgomery J, Reyes E, Wang Y.
Adverse childhood experiences and its association with emotional and behavioral problems in U.S. children of Latino immigrants.

Child Abuse Negl. 2021 Feb;112:104887. PMID: [33401158](#)

Of 100 Latino children aged 8-17 in Florida, “Child ACEs ranged from 1.38 (parent-report) to 1.56 (child self-report) with emotional abuse, incarceration, and loss/separation from a caregiver being the most common. ACEs were correlated with emotional symptoms, hyperactivity/inattention problems, and with total behavioral difficulties.

Philbrook LE, Buckhalt JA, El-Sheikh M.
Community violence concerns and adolescent sleep: Physiological regulation and race as moderators.

J Sleep Res. 2020 Jun;29(3):e12897. PMID: [31362331](#)

For 219 adolescents in a study of stress reactions and sleep parameters, “Results demonstrated a consistent pattern of interactions, such that African American adolescents experienced shorter sleep duration and poorer sleep quality in the context of greater community violence concerns. Community violence concerns were not associated with sleep for White adolescents. The findings may suggest that race-related stressors exacerbate risk for poor sleep among African American adolescents who experience more community violence concerns and have more difficulty regulating physiological arousal.”

Hamby S, Schultz K, Elm J.
Understanding the burden of trauma and victimization among American Indian and Alaska native elders: historical trauma as an element of poly-victimization.

J Trauma Dissociation. 2020 Mar-Apr;21(2):172-186. PMID: [31752627](#)

“This paper summarizes prior work on adverse childhood experiences and poly-victimization, addresses the limitations of past research on these

issues, and expands these constructs to include concepts of historical trauma in order to better understand victimization and trauma among AI/AN elders.”

Sexual Assault

Farahi N, McEachern M.
Sexual Assault of Women.

Am Fam Physician. 2021 Feb 1;103(3):168-176. PMID: [33507052](#)

Comprehensive general review article including populations impacted, mental and physical health consequences, screening and trauma-informed care for past sexual assault; and assessment, treatment, and forensic and legal protocols for present sexual assault.

TABLE 3

Sexual Violence Screening Tools

Screening tool	Description
Abuse Assessment Screen	Five-item questionnaire Assesses physical, sexual, and emotional abuse Validated in English and Spanish
Screening Tools-Sexual Assault	Five-item questionnaire Assesses history of sexual assault and knowledge of risk-reduction strategies
Sexual and Physical Abuse History Questionnaire	10-item questionnaire Six of the items in this scale assess sexual abuse
Two-Question Screening Tool	Two-item questionnaire One item assesses sexual violence
Universal Violence Prevention Screening Protocol-Adapted	Six-item questionnaire Five items assess recent physical, sexual, and emotional abuse
Victimization Assessment Tool	Five-item questionnaire Assesses different types of violence, including sexual violence

Koenig KL, Benjamin SB, Beÿ CK, Dickinson S, Shores M.
Emergency Department Management of the Sexual Assault Victim in the COVID Era: A Model SAFET-I Guideline From San Diego County.

J Emerg Med. 2020 Dec;59(6):964-974. PMID: [32951933](#)

“The authors present a novel SAFET-I Tool that outlines the following five components of effective sexual assault patient care: stabilization, alert system activation, forensic evidence consideration, expedited post-assault treatment, and trauma-informed care.” [Full article](#)

Carter-Snell C, Jakubec S, Hagen B.

Collaboration with Rural and Remote Communities to Improve Sexual Assault Services.

J Community Health. 2020 Apr;45(2):377-387. PMID: [31578657](#)

“After a recent sexual assault, clients in rural and remote communities do not typically receive comprehensive services. This multidisciplinary community development program among five Canadian communities increased knowledge, teamwork, and improved client services.

Gross GM, Ronzitti S, Combellick JL, et. al.

Sex Differences in Military Sexual Trauma and Severe Self-Directed Violence.

Am J Prev Med. 2020 May;58(5):675-682. PMID: [32037020](#)
Of 750,176 veterans who were screened for military sexual trauma (MST), 21.33% of women and 1.63% of men reported MST. “Controlling for demographic variables and psychiatric morbidity, military sexual trauma predicted serious self-directed violence for both men and women.”

Basile KC, Clayton HB, Rostad WL, Leemis RW.

Sexual Violence Victimization of Youth and Health Risk Behaviors.

Am J Prev Med. 2020 Apr;58(4):570-579. PMID: [32033854](#)
“Students who experienced sexual violence victimization were significantly more likely to report many health risk behaviors and experiences, such as substance use, injury, negative sexual health behaviors, feelings of sadness or hopelessness, suicidality, poor academic performance, and cognitive difficulties, and these associations were often stronger among male students.

Human Trafficking

Garg A, Panda P, Neudecker M, Lee S.

Barriers to the access and utilization of healthcare for trafficked youth: A systematic review.

Child Abuse Negl. 2020 Feb;100:104137. PMID: [31427098](#)
From a research review, extrinsic barriers to healthcare for trafficked teens included trafficker control, physical confinement, and influence of peers; intrinsic barriers included discrimination, confidentiality, trust in healthcare providers, knowledge of the healthcare system, and emotional reluctance; systemic issues inherent to the healthcare system included healthcare provider knowledge, complex registration process, language barriers, appointment times, and service coordination.”

Cole J, Sprang G.

Post-implementation of a Safe Harbor law in the U.S.: Review of state administrative data.

Child Abuse Negl. 2020 Mar;101:104320. PMID: [31881490](#)

“Safe harbor laws have been implemented to change the way systems of care respond to juveniles exploited in commercial sex in the U.S....Findings show that juvenile justice and juvenile court personnel are screening for trafficking at an increasing rate and making referrals to the child welfare system as mandated by law. However, a relatively low percentage of these cases are substantiated, confirmed and/or result in criminal charges to the trafficker. Despite safe harbor mandates that prohibit the charging of juveniles with prostitution offenses, there is evidence that this is still occurring in small numbers.”

Perpetrators

Jewkes R, Jordaan E, Myrntinen H, Gibbs A.

Masculinities and violence: using latent class analysis to investigate the origins and correlates of differences between men in the cross-sectional UN Multi-country Study on men and violence in Asia and the Pacific.

J Glob Health. 2020 Dec;10(2):020439. PMID: [33437463](#)
From a UN study of men aged 18-49 in random households in six countries, those who were more violent against women were more likely to report poverty, substance use, depression, and gender inequitable attitudes and practices; and to have experienced childhood abuse, neglect and bullying. “We have highlighted the childhood origins of men's violent and anti-social behaviour, as well as the interrelationships with men's mental health, poverty and misogyny, showing that these (intersectional) developmental processes transcend culture and setting.”

Police and Court Systems

Lundrigan S, Dhimi MK, Agudelo K.

Factors predicting conviction in child stranger rape.

Child Abuse Negl. 2020 Mar;101:104242. PMID: [31869697](#)
From an analysis of 19 factors in 70 UK child stranger rape cases tried by juries, use of a weapon increased the odds of conviction by 412%, and an outdoor location by 360%.

Denk-Florea CB, Gancz B, Gomoiu A, et. al.

Understanding and supporting law enforcement professionals working with distressing material: Findings from a qualitative study.

PLoS One. 2020 Nov 25;15(11):e0242808. PMID: [33237979](#)

This study of 22 UK law enforcement personnel working with distressing material such as child sexual abuse noted heightened emotional responses that dampened over time due to desensitization, and symptoms associated with secondary traumatic stress. Recommendations for individual and organizational practices to foster resilience are noted, including the use of new technological tools, creating separate viewing spaces, limiting the length of time allowed to view evidence, and providing support services.

Providers

Stein SL, Bliggenstorfer JT, Ofshteyn A, et. al.

Intimate Partner Violence Among Surgeons: We are Not Immune.

Ann Surg. 2021 Mar 1;273(3):387-392. PMID: [33201131](#)

In the first national survey of IPV among surgeons, of 882 practicing surgeons and trainees responding to a survey, 61% reported experiencing some form of behavior consistent with IPV. (Due to very open distribution through multiple societies, a response rate could not be calculated.) Emotional abuse was most common (57.3%), followed by controlling behavior (35.6%), physical abuse (13.1%), and sexual abuse (9.6%).

Mosenthal AC.

It can Happen to US... Surgeons and the Reality of Intimate Partner Violence.

Ann Surg. 2021 Mar 1;273(3):393-394. PMID: [33351451](#)

“As physicians we know that IPV is a public health problem...Despite all this knowledge, statistics, and public health data, if you are a surgeon, like me, you assume it does not apply to us. It happens to our patients or it happens to others...Although surgeons are no different than other people in susceptibility to IPV, we are perhaps better at hiding it when it does occur, and less likely to seek help...physicians are especially likely to feel the shame, humiliation, and self-blame that accompanies IPV. Fear of loss of reputation is another driver. Denial can be the largest barrier to seeking help; we cannot admit to ourselves, much less another physician that we might be living in an abusive or life-threatening relationship. As surgeons, none of us want to see ourselves as “victims,” or display the dreaded “sign

of weakness” that we have all implicitly and explicitly been trained to extinguish...We need to broadly accept that we are not immune, despite our education, social, and economic advantages...we all have a colleague, a friend, a resident, or our self, who is living with IPV, or the health consequences from past experience.” [American College of Surgeons IPV Toolkit](#) (for recognition in self, colleagues and patients)

Cunradi CB, Ponicki WR, Caetano R, Alter HJ.

Frequency of Intimate Partner Violence among an Urban Emergency Department Sample: A Multilevel Analysis.

Int J Environ Res Public Health. 2020 Dec 30;18(1):E222.

PMID: [33396705](#)

For 1037 married/partnered socially-disadvantaged patients seen in an urban ED, 23% reported IPV. “IPV prevention strategies implemented in urban ED settings should address the individual, household, and neighborhood risk factors.”

Chokshi B, Walsh K, Dooley D, Falusi O, Deyton L, Beers L.

Teaching Trauma-Informed Care: A Symposium for Medical Students.

MedEdPORTAL. 2020 Dec 30;16:11061. PMID: [33409358](#)

Second-year medical students rated 4 out of 5 a 4-hour trauma-informed care symposium. “Strengths included integration of a small-group case with discussion on application of TIC in practice, experience of the lecturers and small-group facilitators, and review of research relating adversity to specific health outcomes. Suggestions for improvement included incorporating role-play and standardized patients.” [Full article](#). [Downloadable slides, facilitator guide, etc.](#)

Haas JJ.

The Role of the School Nurse in Detecting and Preventing Child Abuse During This Age of Online Education.

NASN Sch Nurse. 2021 Jan;36(1):16-19. PMID: [32969318](#)

“School nurses can and should champion the cause of child safety in their schools, even during school closures through the implementation of key nursing interventions such as staff education on detecting child abuse in online environments. School nurses can also protect children by supporting parents who are dealing with great stressors due to the current global pandemic. Providing resources for families, encouraging parental self-care, educating families about online safety, and encouraging family discussion about child abuse all help to prevent abuse and maltreatment of children. When child abuse goes unreported because of school closures, school nurses can bridge the gap and advocate for detection and prevention in online education.”

Oh JE, López-Santacruz HD.

Adaptation measures in dental care for children with history of Adverse Childhood Experiences: A practical proposal. Spec Care Dentist. 2021 Jan;41(1):3-12. PMID: [33040392](#)

For abused children who may have difficulties with dental care due to their maltreatment history, authors note specific psychological considerations by age group, and make recommendations for care modifications.

TABLE 2 Summary of recommendations in phases

Pretreatment	<ol style="list-style-type: none">1. Familiarization with the patient's medical history (social behavioral traits, personality, and details of abuse if possible)2. Familiarization visit to allow a positive introduction to the dental environment, showing how certain parts of the dental chair work.
During treatment	<ol style="list-style-type: none">1. Tell-show-do desensitization and provide a general overview of the entire appointment2. Multidisciplinary teamwork3. Head, neck, and intraoral examination4. Attentiveness to the autonomy of the patient5. Establish stop signals6. Angulation of dental chair to semi-supine position (if possible)7. Accompaniment of counselor or social worker8. Build rapport after the dental appointment9. Points to avoid (if possible): Strict voice control, physical contact, closed door, same sex as offender
Posttreatment and follow-up care	<ol style="list-style-type: none">1. More frequent visits to ensure oral hygiene maintenance

Jentsch B, Schnock B.

Child welfare in the midst of the coronavirus pandemic- Emerging evidence from Germany.

Child Abuse Negl. 2020 Dec;110(Pt 2):104716. PMID: [32948322](#)

"Under COVID-19, the child welfare system faces unprecedented challenges and uncertainty...While the potential of digitalising work processes in child protection has become apparent in the pandemic, the proven continuous face-to-face contact between practitioners and their clients is neither dispensable nor replaceable."

Campbell KA, Wuthrich A, Norlin C.

We Have All Been Working in Our Own Little Silos Forever: Exploring a Cross-Sector Response to Child Maltreatment.

Acad Pediatr. 2020 Jan-Feb;20(1):46-54. PMID: [31185309](#)

Authors describe "potential benefits of child welfare and child health care collaboration in cases of suspected maltreatment. Lack of effective cross-sector communication and concerns about confidentiality present significant barriers to uptake of these collaborative practices."

Jones LM, Nolte K, O'Brien AJ, Trumbell JM, Mitchell KJ.

Factors related to providers screening children for behavioral health risks in primary care settings.

J Pediatr Nurs. 2021 Jan 15;59:37-44. PMID: [33460878](#)

From an online national survey of physicians and nurse practitioners, "Almost all respondents (89%) reported screening children for depression/anxiety

and behavior problems. Child substance use (82%), family social support (74%), significant household changes (73%), bullying (72%), child abuse (62%) and domestic violence (52%) were also asked about regularly, although with high rates of informal screening methods. Caregiver mental health (49%), caregiver substance use (35%), family financial strain (33%) and transportation difficulties (27%) were screened less frequently. Screening was associated with higher rates of referral for risk-related problems, and was more likely when providers reported greater confidence providing support to clients, perceived community resource availability as higher, and worked in systems with integrated primary care and behavioral health."

Prevention

Maclsaac A, Mushquash AR, Mohammed S, et. al.

Adverse Childhood Experiences and Building Resilience With the JoyPop App: Evaluation Study.

JMIR Mhealth Uhealth. 2021 Jan 4;9(1):e25087. PMID: [33393908](#)

For 156 college students, "Daily incorporation of an app-based resilience intervention can help youth who have experienced adversity to improve emotion regulation skills and experience reductions in depression."

Russell KN, Voith LA, Lee H.

Randomized controlled trials evaluating adolescent dating violence prevention programs with an outcome of reduced perpetration and/or victimization: A meta-analysis.

J Adolesc. 2021 Feb;87:6-14. PMID: [33429133](#)

In a review of prevention interventions focused on reduced perpetration and/or victimization, as opposed to increased knowledge, "Results indicate that ADV [Adolescent Dating Violence] prevention programs may decrease the risk of emotional, physical, and sexual perpetration, as well as emotional and physical victimization."

Researchers

Thompson JR, Burke JG.

Increasing Community Participation in Public Health Research: Applications for Concept Mapping Methodology.

Prog Community Health Partnersh. 2020;14(2):243-250.

PMID: [33416645](#)

"Concept mapping allows for the direct participation of stakeholders to move research agendas forward with visual, action-oriented results."

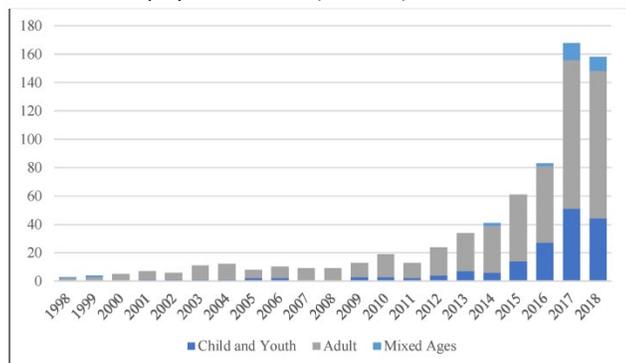


Struck S, Stewart-Tufescu A, Asmundson AJN, et. al.

Adverse childhood experiences (ACEs) research: A bibliometric analysis of publication trends over the first 20 years.

Child Abuse Negl. 2021 Feb;112:104895. PMID: [33388607](#)

The number of research articles on ACEs has increased dramatically in recent years. Main outcomes categories were mental health (31.43%) and physical health (27.12%).



Other of Interest

Gadernann AC, Thomson KC, Richardson CG, et. al.

Examining the impacts of the COVID-19 pandemic on family mental health in Canada: findings from a national cross-sectional study.

BMJ Open. 2021 Jan 12;11(1):e042871. PMID: [33436472](#)

From a national survey of Canadian adults during the pandemic, those living with at least one child < 18 years, compared to those without children, reported worse mental health (44.3% vs 35.6%), increased alcohol consumption (27.7% vs. 16.1%), suicidal thoughts/feelings (8.3% vs. 5.2%), and stress about being safe from physical/emotional domestic violence (11.5% vs. 7.9%). Compared to before the pandemic, 24.8% of parents reported their children's mental health had worsened and 22.2% had more conflict with their children, but 49.7% experienced more feelings of closeness.

Vella MA, Warshauer A, Tortorello G, et. al.

Long-term Functional, Psychological, Emotional, and Social Outcomes in Survivors of Firearm Injuries.

JAMA Surg. 2019 Nov 20;155(1):1-9. PMID: [31746949](#)

Of 263 patients contacted from one Level 1 trauma center who had sustained a gunshot wound (GSW), 69.6% agreed to participate in a study. Median time from GSW was 5.9 years, median age 27 years, Black 91.8%, and male 92.3%. 76.0% were employed pre-GSW and 62.1% post-GSW. Combined alcohol and substance use increased by 13.2%, and participants scored below the population means for global physical health, global mental health, and physical function. 48.6% had probable PTSD.

Girgenti MJ, Wang J, Ji D, et. al.

Transcriptomic organization of the human brain in post-traumatic stress disorder.

Nat Neurosci. 2021 Jan;24(1):24-33. PMID: [33349712](#)

In post-mortem brain biopsies of adults with PTSD, brain gene patterns for two types of cells were significantly different than those without PTSD, and also from those with depression. The two types of cells were interneurons, which inhibit neural activity, and microglia, immune system cells. Patterns were different for males and females, a possible reason why women are more than twice as likely to develop PTSD and to have more severe symptoms. "The findings suggest that together these changes might contribute to an impaired ability to respond to traumatic stress" per the lead author. Research such as this contributes to possible future means of diagnosis and treatment.