# ABUSE RESEARCH

## Child Abuse

Dean JR, Kaczor K, Lorenz D, Mason M, Simonton K.
**Characteristics of child abuse fatalities: Insights from a statewide violent death reporting system.**
Child Abuse Negl. 2024;149:106649. PMID: 38295604

> Exploring child abuse fatalities in the Illinois Violent Death Reporting System 2015-2018, "Of the 106 deaths that met inclusion criteria, 74 % of homicide deaths (64/86) and 50 % of undetermined deaths (10/20) were due to abuse. Psychosocial characteristics most often identified in abusive deaths included family relationship problems, mental illness, and history of substance abuse. Other common characteristics included use of personal weapons or blunt instruments and death due to punishment. Including narrative data rather than discrete data alone identified 148 % more deaths with three characteristics commonly found in abusive deaths: history of abuse, shaken baby syndrome, and family history of violence."

Baghdadi S, Momtaz D, Torres-Izquierdo B, et al.
**The shifting trends in the epidemiology and risk factors of non-accidental fractures in children.**
Child Abuse Negl. 2024;149:106692. PMID: 38395018

> Using data from a research network of 55 healthcare organizations regarding all visits for children under age 6, "Overall, 0.36 % of all pediatric patients had a diagnosis of NAT [non-accidental trauma], and 4.93 % of fractures (34,038 out of 689,740 total fractures) were determined to be non-accidental. Skull and face fractures constituted 17.9 % of all NAT fractures, but rib/sternum fractures had an relative risk = 6.7 for NAT. Children with intellectual and developmental disability or autism spectrum disorder had a 9 times higher risk for non-accidental fractures. The number of non-accidental fractures significantly increased after 2019."

Spiller LR.
**Orofacial manifestations of child maltreatment: A review.**
Dent Traumatol. 2024 Mar;40 Suppl 2:10-17. PMID: 37226580

> "All healthcare providers, including dentists, should be aware of the high prevalence of orofacial injuries and conditions that are concerning for abuse and neglect. Sentinel injuries may appear trivial and do not require medical attention, but are unlikely caused by accidental mechanisms and, if not properly identified, often precede more severe abusive injuries. Concerning orofacial findings can manifest as bruising, eye injuries, intraoral injuries, pharyngeal perforations, facial bone fractures, and sexually transmitted infections. Abusive caregivers are likely to give inadequate explanations or no history at all to explain concerning findings."

Ridsdale L, Gilchrist F, Balmer RC, et al.
**British Society of Paediatric Dentistry: A policy document on dental neglect in children.**
Int J Paediatr Dent. 2024;34(2):160-8. PMID: 37749962

> Authors review this comprehensive update on the British Society of Paediatric Dentistry's policy document on dental neglect.

> **Why this paper is important to paediatric dentists**
>
> - Paediatric dentists must be able to identify and assess children who are experiencing dental neglect and manage it appropriately.
> - This paper describes a tiered response, with three stages of intervention, according to level of concern.
> - Recommendations of the British Society of Paediatric Dentistry are tailored to a UK context but are likely to be of interest to a wider international audience.

Krishna S, Dubrosa F, Milanaik R.
**Rising Threats of AI-Driven Child Sexual Abuse Material.**
Pediatrics. 2024;153(2). PMID: 38204377

> "One disturbing consequence of AI usage is the production and dissemination of virtual child sexual abuse material (VCSAM), which poses imminent risks to pediatric and adolescent populations. This discussion aims to shed light on the dangers and implications of VCSAM for pediatric populations, along with the cautionary measures needed to combat them." Authors discuss basic understanding of VCSAM, impact on the pediatric population, legal considerations, and a call to action.

Katz C, Attrash-Najjar A, Maguire-Jack K, et al.
**Experiences and responses of child protection professionals during COVID-19: Lessons learned from professionals around the globe.**
Child Abuse Negl. 2024:106688. PMID: 38355365

> From virtual focus groups conducted among professionals who work with children around the globe on the effects of the pandemic, "The results highlighted that child protection was significantly more challenging during the pandemic. Furthermore, they underlined the importance of establishing practices and policies for child protection in crisis times as well as ensuring both children's and professionals' well-being and mental health."

Table 1
Take home messages.

| Supporting CPPs in similar events of crises/emergencies in the future | • Acknowledge the essentiality of CPPs in general and in crisis times<br>• Enhance CPPs' resilience and wellbeing<br>• Promote a supportive workplace, cooperation and collaborative responses to child maltreatment |
| --- | --- |
| Specific processes that should be addressed | • Address factors that contribute to risk among children in crisis time<br>• CPPs' involvement in policymaking<br>• Establish clear policies for child protection as a part of emergency preparedness |
| Innovations to be considered | • Context-informed and innovative protection<br>• Discern pathways to maintain contact with children and families<br>• Address local strengths and utilize communal resources |

# Adult Manifestations of Child Abuse

Samson JA, Newkirk TR, Teicher MH.
**Practitioner Review: Neurobiological consequences of childhood maltreatment - clinical and therapeutic implications for practitioners.**
J Child Psychol Psychiatry. 2024;65(3):369-80. PMID: 37609790

> "We explore key validated alterations in brain structure, function, and connectivity associated with exposure to childhood maltreatment as potential mechanisms behind patients' clinical presentations. We then summarize key behavioral presentations likely associated with neurobiological alterations and propose a toolkit of established trauma and skills-based strategies that may help diminish symptoms and foster recovery."

**Key points**
- Childhood maltreatment is an important preventable risk factor for later psychiatric disorders. Psychiatric disorders emerging in maltreated individuals typically show poorer responses to established treatments.
- Early exposure to maltreatment can alter trajectories of brain development, specifically brain regions and circuits involved in stress response, emotional regulation, interhemispheric integration, and autobiographical memory.
- For the clinician treating survivors of childhood maltreatment, we explain these neurobiological characteristics of some maltreated children.
- We also outline suggested approaches assembled from empirically validated treatment protocols for PTSD, complex PTSD, borderline personality, and depression.
- These approaches allow patients and their clinicians to connect their current challenges to past experiences through explanations that may offer more opportunities for self-compassion and understanding as well as better outcomes.

Grafft N, Lo B, Easton SD, Pineros-Leano M, Davison KK.

**Maternal and Paternal Adverse Childhood Experiences (ACEs) and Offspring Health and Wellbeing.**
Matern Child Health J. 2024 Jan;28(1):52-66. PMID: 37914980

> From a scoping review of the impact of parental ACEs on children, "Findings underscore the importance and oversight of fathers and the need to solidify a unified definition and measure of ACEs. This review identified modifiable protective factors (social support, father involvement) and pathways of transmission (parental mental health, parenting); both have important implications for intervention."

Suomi A, Lucas N, Dowling N, Delfabbro P.
**Gambling Harm Experienced by Children Exposed to Parental Gambling: An Online Survey of Australians.**
J Gambl Stud. 2024 Mar;40(1):181-200. PMID: 37149814

> "Using data from a national survey of Australian adults exposed to parental gambling under the age of 18 (n = 211), the results show that parental gambling was related to significant levels of financial harm, abuse, neglect as well as relational and psychological problems [in children]…also associated with a range of psychological problems in adulthood including depression, anxiety, Post-Traumatic Stress Disorder and intimate partner violence victimisation…and own lifetime gambling problems, suggesting a specific pattern of intergenerational transmission."

Tung EL, Wroblewski KE, Makelarski JA, Glasser NJ, Lindau ST.
**Childhood Parental Incarceration and Adult-Onset Hypertension and Cardiovascular Risk.**
JAMA Cardiol. 2023 Oct 1;8(10):927-935. PMID: 37647038

> "In this cohort study of US adults transitioning from young adulthood to adulthood, an increased incidence of hypertension and high-risk hsCRP [highly-sensitive C reactive protein, a marker of inflammation], but not other cardiovascular risk factors, was observed among those exposed to parental incarceration during childhood. These findings suggest possible transgenerational health consequences of mass incarceration."

Blanchflower DG, Bryson A.
**The adult consequences of being bullied in childhood.**
Soc Sci Med. 2024;345:116690. PMID: 38367340

> Authors examined the effects of bullying at ages 7 and 11, collected prospectively by the child's mother, over the life-course. "Bullying negatively impacts subjective well-being between ages 16 and 62 and raises the probability of mortality before age 55. It also lowers the probability of having a job in adulthood. These effects are independent of other adverse childhood experiences."

Broekhof R, Nordahl HM, Eikenæs IU, Selvik SG.
**Adverse Childhood Experiences Are Associated With Personality Disorder: A Prospective, Longitudinal Study.**
J Pers Disord. 2024;38(1):19-33. PMID: 38324247

> Of 8199 Norwegian adolescents followed for 14 years, "Any type of ACE gave a 3.8-fold higher risk of developing a PD (personality disorder). Abuse, more specifically emotional abuse, came out as one of the strongest predictors. Of the adolescents who developed a PD, approximately 90% had a history of ACE." From Mayoclinic.org – "A personality disorder is a mental health condition where people have a lifelong pattern of seeing themselves and reacting to others in ways that cause problems. People with personality disorders often have a hard time understanding emotions and tolerating distress. And they act impulsively. This makes it hard for them to relate to others, causing serious issues, and affecting their family life, social activities, work and school performance, and overall quality of life." Examples of PD include paranoid, narcissistic, antisocial, avoidant, and obsessive-compulsive.

# Adolescents

Tabone JK, Rishel CW, Hartnett HP, Szafran KF, Royse R.
**Examining the Effects of Adverse Childhood Experiences and Gender on Trauma-Informed Intervention Outcomes.**
Journal of child & adolescent trauma. 2023;16(1):9-19. PMID: 36776631

> Of 362 children who were treated with trauma-informed intervention services grounded in the Attachment, Self-Regulation, and Competency (ARC) framework from 2017 to 2019, the intervention was effective in reducing children's trauma-related symptoms until they experienced 6 or more ACEs. "For girls the intervention had significant effect on building a safe and secure attachment, while for boys the intervention had significant effect on developing self-regulative ability to safely and effectively manage traumatic experience…Gender difference should be considered in intervention planning and monitored during the intervention process."

Cohodes EM, Sisk LM, Keding TJ, et al.
**Characterizing experiential elements of early-life stress to inform resilience: Buffering effects of controllability and predictability and the importance of their timing.**
Dev Psychopathol. 2023;35(5):2288-301. PMID: 37496155

> Of 549 young adults, their perception of their lifetime stress as either controllable or predictable buffered the impact of the stress on trauma-related symptoms, and "the potency of this buffering effect varies across unique developmental periods."

González-García N, Buimer EEL, Moreno-López L, et al.
**Resilient functioning is associated with altered structural brain network topology in adolescents exposed to childhood adversity.**
Dev Psychopathol. 2023;35(5):2253-63. PMID: 37493043

> In a large sample of adolescents (N = 2406, aged 14-24), and after adjusting for the severity of childhood adversity, brain scans of those with higher resilience resembled "more mature structural network configurations"; therefore in adolescents, resilience in some way relates to maturity.

Cheng A, Wan J, Chen SC, Yeung H.
**Atopic Dermatitis and Bullying Among US Adolescents.**
JAMA Dermatol. 2023 Dec 1;159(12):1395-1397. PMID: 37878280

> "Adolescents with AD [atopic dermatitis] had higher prevalence and frequency of experiencing bullying compared with adolescents without AD. Children with skin disease report discrimination related to visible symptoms, and adolescents with AD report fewer friendships and decreased school and extracurricular involvement than peers without AD."

Muentner L, McLaughlin KK, Shlafer R.
**Substance use among rural adolescents with incarcerated parents: Evidence from a state-wide sample.**
J Rural Health. 2024 Mar;40(2):338-347. PMID: 37966175

> "Data come from the 2019 Minnesota Student Survey, including 18,820 rural adolescents…Over 22% of rural adolescents experienced PI [parental incarceration]…current PI was associated with greater past-year alcohol (adjusted odds ratio = 2.20), marijuana (4.08), cocaine (3.61), heroin (4.96), and methamphetamine (5.43) use compared to peers who never experienced PI…The elevated risk for substance use in the context of rural PI and its adverse sequelae call for expanded prevention and intervention strategies."

Psychogiou L, Ahun MN, Geoffroy MC, Brendgen M, Côté SM.
**Adolescents' internalizing symptoms predict dating violence victimization and perpetration 2 years later.**
Dev Psychopathol. 2023;35(4):1573-83. PMID: 35473624

> For 974 Canadian adolescents, "Internalizing symptoms [such as anxiety and depression] at age 15 years were positively associated with dating violence victimization and perpetration 2 years later in both males and females, even after adjusting for baseline characteristics…Interventions that target internalizing symptoms may have the potential to decrease subsequent dating violence."

Afrouz R, Vassos S.
**Adolescents' Experiences of Cyber-Dating Abuse and the Pattern of Abuse Through Technology, A Scoping Review.**
Trauma Violence Abuse. 2024:15248380241227457. PMID: 38323421

> "This scoping review explores "the patterns, nature, and consequences of cyber-dating abuse among young people and how digital technology influences dating abuse."

**Table 3.** Summary of Critical Findings.

Technology and online platforms have become new tools for control and abuse, which made cyber-dating abuse more elusive and perplexing.

The most common forms of cyber-dating abuse were monitoring and control, image-based abuse, harassment, and coercion.

Anonymity and the spaceless nature of online abuse, particularly after the relationship finishes, were precipitating (risk) factors contributing to control and abuse through digital tools.

Some young people have approached password sharing to show they are trustworthy, resulting in control and online abuse.

Some young people, particularly young women, experienced isolation, self-blame, and self-censorship following their experiences of cyber-dating abuse.

Young women were more likely to experience consequences of cyber-dating abuse, such as public humiliation and harm to reputation and blame.

Help-seeking for cyber-dating abuse has remained challenging, and many young people, particularly young women, preferred accessing informal support when experiencing cyber-dating abuse.

# Domestic Violence – Effects on Children

Spearman KJ, Marineau L, Owolabi A, et al.
**Firearms and post-separation abuse: Providing context behind the data on firearms and intimate partner violence.**
J Adv Nurs. 2024 Apr;80(4):1484-1496. PMID: 37921256

> "The intersection of firearm violence and domestic violence is a public health crisis…requires enhanced system coordination across both medical and legal systems (family court, civil protective orders, law enforcement, criminal courts and child welfare) and a better understanding of non-fatal firearm abuse towards women and children before it becomes lethal.  The results from this qualitative study identify that non-fatal firearm abuse as well as ease of gun ownership and access…create contexts of fear and constrain non-offending mothers' ability to negotiate co-parenting. This ultimately resulted in the exploitation of mothers' reproductive, parenting and economic re-sources."

TABLE 2   Parenting plan provision examples.

Firearms will be stored safely, locked and unloaded and separate from ammunition and as legally required

Neither parent will purchase or maintain firearms in the home without the consent of the other parent

Neither parent will allow the children to visit or stay overnight in a home where there are firearms present, whether or not the parent is present, unless firearms are stored safely, locked and unloaded and separate from ammunition and as required by law

All laws regarding firearm use will be followed

Parties will cooperate with restraining order and other prohibitions regarding firearms

Ellyson AM, Adhia A, Mustafa A, et al.
**Threats, Violence, and Weapon Use Against Children in Domestic Violence Protection Orders.**
Pediatrics. 2024 Mar 1;153(3):e2023062293. PMID: 38298059

> From a random sample of DV protection orders (DVPO) granted in Washington state, "Respondent weapon use and firearm possession were more common among DVPOs including minors than not including minors. Almost 2 in 3 DVPOs including minors involved threats or violence directed at a minor. About 1 in 3 DVPOs documented explicit threats, and 1 in 2 documented violence. Over two-thirds of acts of violence directed at minors included a weapon…safety planning strategies and training of judicial officers are needed."

# Domestic Violence – Physical Health

de Souza NL, Kumar RG, Pruyser A, et al.
**Intimate Partner Violence and Other Trauma Exposures in Females with Traumatic Brain Injury.**
Journal of neurotrauma. 2024;41(3-4):529-36. PMID: 37974411

> For 70 female adults mean age 50.5 years with a lifetime history of traumatic brain injury (TBI) with median time of 10 years since injury, the 27.1% who reported that the head injury was due to IPV reported more ACEs (4.5 vs. 1.6 ACEs), and greater community violence (CV).  "Exposure to all three sources of trauma (ACEs, CV, and IPV) was associated with worse PTSD symptoms relative to fewer traumas. The results highlight the scope of traumatic exposures among TBI survivors…Trauma-informed interventions that are modified for TBI-related impairment may offer improved outcomes."

Parekh V, Brkic A, McMinn J, Williams D, Van Diemen J.
**Non-fatal strangulation versus general assault in a clinical forensic medicine cohort: Characteristics of patient, perpetrator and presentation.**
J Forensic Leg Med. 2024;102:102651. PMID: 38364447

> In an audit of 315 cases of Australian non-sexual assault, 170 of these cases involved non-fatal strangulation (NFS), of which 90% were female. "A majority of individuals who experienced NFS (66%) presented within 12 h of the events, and 41% of victims thought they might die during the NFS. Perpetrators: Most NFS perpetrators were male (95%), NFS was mostly perpetrated by a partner (62%), ex-partner (21%), or family member (10%). Repeated assaults by the same perpetrator were common (64%). Children were present in 28% of cases of NFS.

# Domestic Violence – Mental Health

Bellot A, Muñoz-Rivas MJ, Botella J, Montorio I.
**Factors Associated with Revictimization in Intimate Partner Violence: A Systematic Review and Meta-Analysis.**
Behavioral sciences. 2024;14(2). PMID: 38392456
> A research review on IPV revictimization revealed that "childhood abuse was the most strongly associated risk factor for IPV revictimization, while belonging to a white ethnicity was the most prominent protective factor. Other significant risk factors included alcohol and drug use, recent physical violence, severity of violence, and PTSD symptomatology…The consistency of results across different study designs and sensitivity analyses further supported the robustness of the findings."

Davidson CA, Booth R, Jackson KT, Mantler T.
**Toxic Relationships Described by People With Breast Cancer on Reddit: Topic Modeling Study.**
JMIR Cancer. 2024;10:e48860. PMID: 38393769
> From an analysis of text data from 96 users on r/breastcancer subreddit in February 2023, "Toxic relationships were commonly characterized by isolation, abandonment, and emotional abuse. Reddit facilitated anonymous venting about toxic relationships that helped patients cope with intense feelings and stress. Exchanging advice and support about navigating toxic relationships during breast cancer were core functions of the r/breastcancer community."

# Elder/Dependent Adult Abuse

Burnett J, Wasik S, Cash D, Olson J, Medina A, Pena D, et al.
**A collaboration between adult protective services and forensic accounting examiners to investigate complex financial exploitation: formative evaluation findings.**
J Elder Abuse Negl. 2024:1-18. PMID: 38318820
> "This paper describes the structure, process, and formative findings of a collaboration between forensic accounting examiners and APS workers to investigate complex cases of FE [financial exploitation]…with high program satisfaction by APS workers, subject matter experts, and forensic examiners."

Hand MD.
Lichtenberg PA, Tocco M, Hall LN.
**Financial decision-making deficits in scam cases: how frequent are they?**
J Elder Abuse Negl. 2024:1-6. PMID: 38310559
> "This study examined 175 consecutive scam cases APS workers investigated using a 10-item financial-decision making tool. Two-thirds of the elder sample displayed deficits in decision-making…A review of the item responses illustrates the types of deficits in understanding, and appreciation of the scam and its impact on the older person and their family."

# Human Trafficking

Gallegos K.
**Domestic Minor Sex Trafficking: Applying a Trauma-Informed Approach in Healthcare Settings.**
Health Soc Work. 2023 Jan 17;48(1):65-67. PMID: 36477829
> In this brief review for social workers on the use of trauma-informed care of individuals experiencing domestic minor sex trafficking (DMST), "This approach acknowledges that individuals have trauma histories but shifts the focus from a deficits perspective to one that is strengths-based, respectful, and nonjudgmental…a way to avoid retraumatization of patients, recognize their rights and needs (including physical and emotional safety), allow for self-determination, and improve the chances of identifying DMST victims."

# Sexual Assault

Porta CM, Frerich EA, Hoffman S, Bauer S, Jain VM, Bradley C.
**Sexual Violence in Virtual Reality: A Scoping Review.**
J Forensic Nurs. 2024 Jan-Mar 01;20(1):66-77. PMID: 38093420
> "One in four Americans report experiencing harassment online via social media and interactive gaming, which includes physical threats, stalking, sexual harassment, and sustained harassment…Our review found a growing body of evidence exploring incidents, effects, possible predictors, and initial strategies to prevent sexual violence in virtual reality (VR) and to use the modality to positively intervene…[with] VR tools used to educate, deliver bystander interventions, transform biases and perceptions via embodiment, and promote healing among survivors."

Gbahabo DD, Duma SE.
**I did not scream. I could not; I was terrified. I just followed them. . .I blocked my mind. then they all raped me: A narrative inquiry on the onset of tonic immobility among women rape victims in Nigeria.**
PLoS One. 2024;19(2):e0278810. PMID:

> From interviews with 13 Nigerian women who had experienced tonic immobility (TI) associated with sexual assault, "The study revealed five themes: (1) the onset of TI prior to rape due to perceived imminent danger, (2) the onset of TI as a self-protection mechanism from further harm, (3) self-loathing as a meaning attached to TI, (4) suicidal ideations as a meaning attached to TI, and (5) divine intervention as a meaning attached to TI…There is a strong likelihood that tonic-immobility is not an uncommon experience amongst rape victims…affecting their psychological well-being and their entire quality of life. Describing the phenomenon as it is experienced by the participants is critical because understanding the condition is the first step toward effective appropriate management."

# LGBTQ Concerns

Adhia A, Pugh D, Lucas R, Rogers M, Kelley J, Bekemeier B.
**Improving School Environments for Preventing Sexual Violence Among LGBTQ+ Youth.**
J Sch Health. 2024;94(3):243-50. PMID:

> From surveys and interviews with 31 LGTBQ+ students aged 13-18 in Washington State, "To prevent and respond to SV [sexual violence], students highlighted schools having: (1) access to gender-neutral spaces; (2) LGBTQ+ competency training for staff; (3) enforcement of school policies (eg, SV, anti-bullying) and accountability; (4) LGBTQ+-competent mental health support; and (5) comprehensive sexual health education that addresses LGBTQ+ relationships and SV."

Du Mont JA, Kelly CE, Seo H, et al.
**Enhancing care for transgender and gender diverse survivors of iPV: an Ontario-wide survey.**
BMJ Open. 2024;14(2):e075180. PMID:

> From a survey of Canadian healthcare and social/community service providers with a 72.4% response rate, 66.3% described having provided professional support to trans survivors of IPV, but only 38.0% reported having received relevant training. 99.4% agreed that they would benefit from further training. The most commonly recommended curriculum goal was to facilitate collaboration, knowledge sharing and (safe) referrals.

Wang YC, Hoatson T, Stamoulis C, et al.
**Psychological Distress and Suicidality Among Transgender Young Adults in the United States.**
J Adolesc Health. 2024 Feb 4:S1054-139X(23)00585-2. PMID:

> From a survey of 12,738 US transgender young adults (TYA), ages 18-25 years, "Overall, 53% met criteria for serious psychological distress, and 66% reported suicidal ideation. Statistically higher odds of serious psychological distress and suicidal ideation and plan were variously found for TYA assigned male compared to assigned female at birth, Latiné/x TYA, multiracial TYA, and bisexual/pansexual TYA.

# Race/Cultural Concerns

Lewis KR, Grossman K, Jones NE, Horner M.
**"Mentally you don't function the same": a Qualitative Examination of the Normalization, Embodiment, and Psychological Impact of Everyday Racism.**
J Racial Ethn Health Disparities. 2024 Apr;11(2):631-642. PMID:

> From interviews with 40 Black Americans, "Three themes emerged from the data: hypervigilance and the normalization of everyday racism, mental preparation for navigating White spaces, and the mental health impact of everyday racism. Participant narratives reveal how the normalization of everyday racism impacts them on a psychological and corporeal (i.e., bodily) level…how Whiteness operates as a property right that…places invisible boundaries upon how they navigate space…how often taken for granted and assumed "normal" forms of racism generate pathways to negative mental health outcomes."

Guglielminotti J, Samari G, Friedman AM, Landau R, Li G.
**State-Level Indicators of Structural Racism and Severe Adverse Maternal Outcomes During Childbirth.**
Matern Child Health J. 2024 Jan;28(1):165-176. PMID:

> Analyzing almost 5 million birth certificates in comparison with state-level Black-to-white inequity ratios for lower education level, unemployment, and prison incarceration, severe adverse maternal outcomes were significantly higher for Black than for White mothers, and the odds of this increased with increased state ratios for unemployment and incarceration of Black women, but not for education level.

Davidson KW, Terry MB, Braveman P, et al.
**Maternal Mortality: A National Institutes of Health Pathways to Prevention Panel Report.**
Obstet Gynecol. 2024 Mar 1;143(3):e78-e85. PMID: 38128099

"The National Institutes of Health's (NIH) Pathways to Prevention panel on postpartum health provides a consensus statement on the evidence, research gaps, and future priorities to prevent maternal morbidity and mortality…The panel concludes that a maternal morbidity and mortality crisis reflects a systemic failure of current U.S. health care, research efforts, and social policies…Without a national focus on fundamentally transformative interventions and other initiatives aimed at redressing structural racism and inequities in health care, current interventions and clinical advances in maternal morbidity and mortality prevention will remain tragically insufficient."

Flores MW, Sharp A, Carson NJ, Cook BL.
**Estimates of Major Depressive Disorder and Treatment Among Adolescents by Race and Ethnicity.**
JAMA Pediatr. 2023 Nov 1;177(11):1215-1223. PMID: 37812424

From nationally representative survey data of 10,743 US adolescents, adolescents of more than 1 race or ethnicity had the highest rates of major depressive disorder (MDD). Among those with MDD, relative to White adolescents, adolescents who were Latinx and of more than 1 race or ethnicity had the lowest MDD treatment rates, followed by Black adolescents; Asian and Latinx adolescents had lower virtual mental health treatment rates compared with White adolescents."

**Figure 1. Age- and Sex-Adjusted Rates of Major Depression Among Adolescents by Race and Ethnicity**
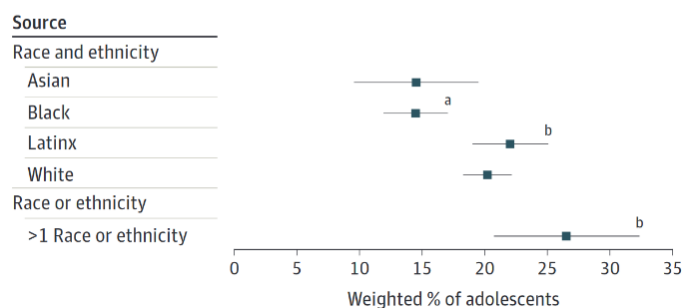


Cribb Fabersunne C, Lee SY, McBride D, et al.
**Exclusionary School Discipline and School Achievement for Middle and High School Students, by Race and Ethnicity.**
JAMA Netw Open. 2023 Oct 2;6(10):e2338989. PMID: 37862011

In a retrospective study of children in the 6th-10th grades in one school district in California, of the 16,849 students (52.0% male), 21.4% experienced at least 1 exclusionary school discipline (ESD) event. Black and Latine students experienced exclusionary events at nearly 10 and 3 times more than White students. After controlling for multiple factors, experiencing an ESD event was associated with a decrease in GPA. "It may be beneficial for pediatricians and other health care professionals to screen for exclusion, as experiencing ESD events may affect health across the life course. In addition, it may be useful to categorize ESD events as an adverse childhood experience and abolish the practice from schools as a disciplinary measure."

# Perpetrators

Bosetti RL.
**Investigating Trauma Symptomology as a Mediator of the Relationships Between Childhood Maltreatment and Sexual and Non-Sexual Delinquency.**
Sex Abuse. 2024;36(3):349-80. PMID: 37095700

Of 136 incarcerated youth at seven residential treatment and community corrections facilities in a Midwestern state, childhood neglect had a significant association with non-sexual illegal behavior, while childhood sexual abuse had a significant direct relationship with sexual illegal behavior, regardless of trauma symptoms. "Practice and policy should consider the role of maltreatment victimization history in delinquency behaviors, prioritizing therapeutic alternatives to detention and incarceration."

Birke JB, Jern P, Johansson A, Bondü R.
**Links between Aggressive Sexual Fantasies and Sexual Coercion: A Replication and Extension of a Multifactorial Model.**
Arch Sex Behav. 2024 Mar;53(3):1047-1063. PMID: 38233725

Using survey results from 3269 Finnish men, having aggressive sexual fantasies (ASF) was an important factor between ACEs, hypersexuality, callous-unemotional traits, childhood sexual abuse and sexual coercion, and sexual aggression. "These results illustrate the potential importance of ASF for sexual aggression…as well as in the treatment and risk assessment of sexual perpetrators."

Cunha O, Pedrosa J, Silva Pereira B, et al.
**Intervention Program Dropout Among Perpetrators of Intimate Partner Violence: A Meta-Analysis of Correlated Variables.**
Trauma Violence Abuse. 2024:15248380231224036. PMID: 38323403

> From a research review, and after controlling for multiple variables, younger age, having a personality disorder, and experiencing more ACEs, were significantly associated with dropout from IPV intervention programs. "Variables associated with dropout align with those related to general and intimate partner violence recidivism, suggesting that individuals requiring more intensive intervention are those who derive less benefit from it."

# Police and Court Systems

Bowen DM, Rowhani-Rahbar A, McCourt A, et al.
**Variations in State Laws on Mental Health-Related Firearm Prohibition.**
JAMA Intern Med. 2023 Dec 1;183(12):1402-1404. PMID: 37843848

> "Firearm access by individuals with mental illness is associated with increased risk of suicide or homicide. The Federal Bureau of Investigation's National Instant Criminal Background Check System (NICS) was created to prevent individuals with certain mental health incidents from acquiring firearms. It relies on states to report mental health data so they can access national data on applicants' mental health events and prevent gun possession when appropriate. However, federal law does not compel states to report to NICS. States develop their own rules regarding mental health reporting, including incident type; how, when, and who must report; and whether to report. We analyzed each state's mental health firearm reporting laws to assess heterogeneity nationwide."

Franchetti G, Cestonaro C, Giordano R, et al.
**Severe starvation and restraint in a 47-year-old woman: Clinical, autopsy and histopathological evidence of abuse and neglect.**
Forensic Sci Int. 2024;355:111941. PMID: 38290228

> While findings of abuse and neglect of children and elders are better documented, this is a case report of a "middle-aged woman without any known organic or psychiatric disorders who died of multiple organ failure…The integration of all clinical, autopsy and histopathological data highlighted a picture of severe malnutrition, restraint, and widespread traumatic injuries related to abuse and

> neglect. We believe that the case here presented could be useful for both clinicians and forensic pathologists as it underlines once again the importance of collecting and integrating all medical evidence."

# Providers

Goldstein E, Stillerman A, Jelley M, McCaw B.
**Introduction to the Special Section on Innovations in Trauma-Informed Health Care.**
Perm J. 2024 Mar 15;28(1):88-90. PMID: 38481191

> "This special section honors the work of past and present innovators committed to a paradigm shift in health care. These works are based on the science of trauma, resilience, and equity and prioritizes understanding and supporting human well-being and recovery. The commentaries offer a vision for what is possible. The reviews share historical context, existing innovations, and essential elements and current gaps in the TIC landscape. The original research and brief reports illustrate concrete steps that researchers, clinicians, and educators are taking toward trauma-informed transformation." Table of Contents and full articles

Machtinger EL, Lieberman AF, Bethell CD, Lightfoot M.
**Primary Care as a Protective Factor: A Vision to Transform Health Care Delivery and Overcome Disparities in Health.**
The Permanente journal. 2024:1-5. PMID: 38361459

> "Although the literature on protective factors usually focuses on childhood experiences in families and communities, pediatric and adult primary care itself can, and needs to, become a powerful protective factor that interrupts the impact of trauma on health outcomes and health disparities…Clinicians and teams that establish long-term, nonjudgmental, attentive relationships with patients and families also help patients feel comfortable revealing painful or stigmatized experiences and behaviors…primary care clinics can become safe, stable environments for those experiencing the impacts of trauma…Our hope is that practitioners, researchers, and policymakers focused on trauma-informed care, ACEs, toxic stress, health equity, and health care reform will view their goals as interdependent and join together to make this vision a reality."

Leitch L, McCaw B.
**Time to Move Forward: Resilience and Trauma-Informed Care.**
Perm J. 2024 Mar 15;28(1):188-192. PMID: <u>37862407</u>

"Our aim is twofold: to offer an expanded definition of resilience, which reflects a robust and dynamic capacity for resilience without requiring the occurrence of an adverse experience; and to recommend a new term, RTIC [resilience and trauma-informed care]. This is a term that intentionally leads with resilience and aligns with current and emerging neuroscience knowledge…We want to reemphasize that a focus on individual resilience is not sufficient. Clinicians must be active partners in a broader public health approach that supports all levels of resilience (individual, family, community, state, nation, and environment).

**Definition of Resilience:**

**Current:** The responsive capacity to adapt or bounce back after adverse or traumatic experiences.

**Recommended:** The responsive capacity to adapt or bounce back after adverse or traumatic experiences; to anticipate and mitigate stressors; and to be generative during times of relative stability.

Goldstein E, Chokshi B, Melendez-Torres GJ, et al.
**Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis.**
Perm J. 2024 Mar 15;28(1):135-150. PMID: <u>38444328</u>

Authors reviewed research on the mechanisms and outcomes that were effective in implementing trauma-informed care (TIC) across health systems, when mapped onto Substance abuse and Mental Health Services Administration 10 TIC implementation domains, including engagement and involvement; training and workforce development; cross-sector collaboration; screening, assessment, and treatment services; governance and leadership; policy; evaluation; progress monitoring and quality assurance; financing; and physical environment."

Machtinger EL, Eberhart NK, Ashwood JS, et al.
**Clinic Readiness for Trauma-Informed Health Care Is Associated With Uptake of Screening for Adverse Childhood Experiences.**
Perm J. 2024 Mar 15;28(1):100-110. PMID: <u>38234229</u>

"Growing awareness of the impact of ACEs on health and well-being has led the State of California and many clinics across the nation to integrate ACE screening into health care for children, adults, and families. The current study provides early evidence that clinics that improve their readiness to provide TIHC [trauma-informed health care] are better able to start and increase uptake of ACE screening. This

suggests that supporting a clinic's trauma-informed systems change is foundational for successful implementation of ACE screening."



Watson CR, Young-Wolff KC, Negriff S, Dumke K, DiGangi M.
**Implementation and Evaluation of Adverse Childhood Experiences Screening in Pediatrics and Obstetrics Settings.**
The Permanente journal. 2024:1-8. PMID: <u>38282469</u>

Authors discuss a pilot Kaiser system ACEs screening in pediatrics and obstetrics, including overcoming barriers (lack of knowledge, time, referrals, stigmatization/equity, materials), and patient and health provider feedback. "Results suggest that medical teams can successfully offer education, support, and resources to pregnant women and children with ACEs, which holds the promise to interrupt the progression of ACEs, improve health, and, ultimately, potentially interrupt the intergenerational cycle of ACEs."

(Detail from an example of a patient handout)

Elisseou S, Shamaskin-Garroway A, Kopstick AJ, et al.
**Leading Organizations From Burnout to Trauma-Informed Resilience: A Vital Paradigm Shift.**
Perm J. 2024 Mar 15;28(1):198-205. PMID: 38332699

> "Of all the longstanding and rising challenges currently facing the US health care system (staffing shortages, practitioner burnout, workplace violence, compassion crises, the Great Resignation, the "quality chasm," health inequities, medical racism, medical mistrust, medical fear)…applications of TIC continue to expand and offer innovative strategies for leaders and changemakers at all organizational levels. TIC can empower leaders to approach the practice and policies of health care in ways that nurture healthy and robust institutions, rebuild a dedicated and resilient workforce, and provide care that honors individuals' dignity and human rights."

Lewis-O'Connor A, Linzer PB, Goldstein E.
**Nurses' Experience After First Wave of COVID-19: Implications for a Trauma-Informed Workforce.**
Perm J. 2024 Mar 15;28(1):124-134. PMID: 37994032

> From debriefing sessions with 278 nurse staff and nurse leaders, "The majority of surveyed nurses in both groups reported compassion satisfaction despite reporting moderate levels of burnout and secondary traumatic stress…a trauma-informed approach (ie, staff autonomy, physical and psychological safety, transparency, offering choices, leveraging voices, and collaboration) by leaders could enhance a culture of wellness, build resilience, mitigate empathic burnout, and also proactively and strategically think about preventive measures for future catastrophic events."

Gerber MR, Jelley M, Potter J.
**Navigating the Roadmap for Trauma-Informed Medical Education: Application of Undergraduate Medical Education Competencies.**
Perm J. 2024 Mar 15;28(1):169-179.  PMID: 38439660

> "This manuscript offers a set of concrete curricular examples that can be used to facilitate the implementation of TIC competencies in UME [undergraduate medical education] and elucidates gaps in existing validated curricula by competency domain, outlining areas for opportunity, growth, and scholarship. Implementing TIC curricular content at the UME level is a critical way to transform health care through enabling future physicians to engage in care that promotes safety, healing, and equity."

| Competency |
| --- |
| Knowledge for practice |
| Patient care |
| Practice-based learning and improvement |
| Interpersonal and communication skills |
| Professionalism |
| Systems-based practice |
| Interprofessional collaboration |
| Personal and professional development |

**Table 1:** Trauma-informed care competencies summarized

# Prevention

Scholer SJ, Martin HK, Adams L, Dietrich MS.
**A Brief Intervention in Primary Care to Improve Parents' Discipline Practices and Reach Other Caregivers.**
Clin Pediatr (Phila). 2024:99228241227756. PMID: 38334063

> "Parents (N = 599) of 6-month-old to 10-year-old children were given a handbook intervention that educates about healthy discipline in a pediatric clinic serving low-income families in Nashville, Tennessee. A research assistant spent approximately 1 minute introducing the intervention. A total of 440 parents (73.4%) responded to a follow-up survey 2 to 4 months later. Most parents (88%) who completed the follow-up survey had read at least part of the handbook. Of parents who received the handbook, 63% reported that the handbook helped them discipline their children. Half of parents reported specific changes they made because of the handbook. The most frequently reported changes were more talking/explaining/communicating (25%), more redirecting (7.8%), more patience/listening (6.0%), less anger/yelling (10.8%), and less spanking (7.5%). 42% of parents reported that they shared the handbook with other caregivers, friends, relatives, and children. A brief clinic intervention improves parents' discipline practices and reaches other caregivers."

# Researchers

Afzal HB, Jahangir T, Mei Y, Madden A, Sarker A, Kim S.
**Can adverse childhood experiences predict chronic health conditions? Development of trauma-informed, explainable machine learning models.**
Frontiers in public health. 2023;11:1309490. PMID: 38332940

> "Using the 2021 Behavioral Risk Factor Surveillance Survey, we developed several machine learning models--random forest, logistic regression, support vector machine, Naïve Bayes, and K-Nearest Neighbor-over data from a sample of 52,268 respondents. We predicted 13 chronic health conditions based on ACE history, health behaviors, social determinants of health, and demographics. We further assessed each variable's importance in outcome prediction for model interpretability. We evaluated model performance via the Area Under the Curve (AUC) score."

Costa D, Scharpf F, Weiss A, Ayanian AH, Bozorgmehr K.
**Intimate partner violence during COVID-19: systematic review and meta-analysis according to methodological choices.**
BMC Public Health. 2024;24(1):313. PMID: 38287306

> "To evaluate changes in IPV prevalence during the pandemic, it is important to consider studies' methodological characteristics such as the assessment tools used, samples addressed, or administration modes (e.g., face-to-face, telephone or online interviews), since they may influence disclosure and were likely affected by pandemic-imposed mobility restrictions." Authors discuss different results depending on research variables, such as IPV prevalence of 19% using a telephone survey, 16% for online, and 38% for face-to-face.

Narayan AJ, Merrick JS, Lane AS, Larson MD.
**A multisystem, dimensional interplay of assets versus adversities: Revised benevolent childhood experiences (BCEs) in the context of childhood maltreatment, threat, and deprivation.**
Dev Psychopathol. 2023;35(5):2444-63. PMID: 37282577

> "This study expanded the Benevolent Childhood Experiences scale (termed the "BCEs-Original" scale) with 10 new multisystem items and identified a subset of items (termed the "BCEs-Revised" scale) that are systematically less commonly reported across samples…Compared to BCEs-Original scores, BCEs-Revised scores were significantly more strongly inversely associated with all mental health outcomes…After controlling for current depression symptoms, BCEs-Revised scores interacted with maltreatment to predict PTSD symptoms…The BCEs-Revised scale has strong psychometric properties and unique strengths in research and practice."

**Table 1.** The Benevolent Childhood Experiences (BCEs) 20-item scale

| Item # | *When you were growing up, during your first 18 years of life:* |
|---|---|
| 1 | Did you have at least one caregiver with whom you felt safe? |
| 2 | Did you have at least one good friend? |
| 3 | **Did you have beliefs that gave you comfort?** |
| 4 | **Did you like school?** |
| 5 | Did you have at least one teacher who cared about you? |
| 6 | **Did you have good neighbors?** |
| 7 | **Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?** |
| 8 | Did you have opportunities to have a good time? |
| 9 | **Did you like yourself or feel comfortable with yourself?** |
| 10 | **Did you have a predictable home routine, like regular meals and a regular bedtime?** |
| 11 | **Did you feel accepted for who you were?** |
| 12 | Was there at least one adult who cared about your progress and achievements in school? |
| 13 | **Were you usually able to get a good night's sleep?** |
| 14 | Did you have access to food that was healthy and nutritious? |
| 15 | Did you have access to adequate medical care when you needed it? |
| 16 | **Did you feel that you were treated fairly (e.g., in your family and community)?** |
| 17 | Did you have adequate law enforcement in your community that made you feel safe? |
| 18 | Did you have at least one person to teach you how to say 'no' to negative influences? |
| 19 | **Did you regularly spend time outside in the sunshine or around nature?** |
| 20 | Did you have something that you felt you were good at or that made you proud? |

*Note.* Items #1-10 are from Narayan et al. (2018). Bolded items compose the BCEs-Revised scale.

# Other of Interest

Xiao Y, Mann JJ, Chow JC, et al.
**Patterns of Social Determinants of Health and Child Mental Health, Cognition, and Physical Health.**
JAMA Pediatr. 2023 Dec 1;177(12):1294-1305. PMID: 37843837

> Among 10,504 children from 17 states, median age 9.9 years, 52.5% boys, "4 SDOH [social determinants of health] patterns were identified: pattern 1, affluence (38.8%); pattern 2, high-stigma environment (25.3%); pattern 3, high socioeconomic deprivation (25.3%); and pattern 4, high crime and drug sales, low education, and high population density (10.6%). The SDOH patterns were distinctly associated with child health outcomes. Children exposed to socioeconomic deprivation (SDOH pattern 3) showed the worst health profiles, manifesting more internalizing and externalizing mental health problems, lower cognitive performance, and adverse physical health."