

MEDICAL RESEARCH SUMMARY ON ABUSE FOR SANTA CLARA COUNTY DOMESTIC VIOLENCE COUNCIL MAY 2011

This summary includes selected research articles relating to abuse indexed by the National Library of Medicine March 2011. To obtain a copy of the abstracts, go to pubmed.gov, and place the Pubmed ID numbers (PMID) in the search box, separated by commas. PTSD = Post Traumatic Stress Disorder IPV = Intimate Partner Violence

Child Abuse

Knox M.

On hitting children: a review of corporal punishment in the United States.

J Pediatr Health Care. 2010 Mar-Apr;24(2):103-7. PMID: 20189062

Research has demonstrated an association between corporal punishment of children and later aggression as well as delinquency. This article discusses the status of corporal punishment in the US, and professional and international progress on ending this practice.

Maughan D, Moore SC.

Dimensions of child neglect: an exploration of parental neglect and its relationship with delinquency.

Child Welfare. 2010;89(4):47-65. PMID: 21319474

In an analysis of 39 parental behavior variables, the concept of neglect, and future adult delinquency, future delinquency was associated with two factors – poor supervision and a disorganized, chaotic home environment.

Thompson R, Tabone JK.

The impact of early alleged maltreatment on behavioral trajectories.

Child Abuse Negl. 2010 Dec;34(12):907-16. PMID: 21111247

In a longitudinal study of 242 children followed to age 10, those with alleged early child maltreatment (before age 4) experienced greater subsequent behavioral problems of anxiety/depression and attention issues, with steeper increases in problems over time. Since assessments of behavior of both groups (maltreated and not maltreated) were similar at age 4, authors note that problems may emerge over time, and that these children should receive ongoing assessments.

Porteous AM, Clarke MP.

Medically unexplained visual symptoms in children and adolescents: an indicator of abuse or adversity?

Eye (Lond). 2009 Sep;23(9):1866-7. PMID: 19648893

Cases series of three female children/young adults who presented with unexplainable eye symptoms - these later turned out to be associated with abuse. Author reminds practitioners to consider child abuse as a potential underlying factor in medically unexplained symptoms.

Pandya NK, Baldwin K, Kamath AF, Wenger DR, Hosalkar HS.

Unexplained fractures: child abuse or bone disease? A systematic review.

Clin Orthop Relat Res. 2011 Mar;469(3):805-12. PMID: 20878560

Review of the several medical conditions that may mimic child abuse fractures.

Adult Manifestations of Child Abuse

Kiecolt-Glaser JK, Gouin JP, Weng NP, Malarkey WB, Beversdorf DQ, Glaser R.

Childhood adversity heightens the impact of later-life caregiving stress on telomere length and inflammation.

Psychosom Med. 2011 Jan;73(1):16-22. PMID: 21148804

In a community sample of 132 healthy older adults, including 58 dementia family caregivers, “After controlling for age, caregiving status, gender, body mass index, exercise, and sleep, the presence of multiple childhood adversities was related to both heightened IL-6 (a marker of inflammation) and shorter telomeres (a measure of cellular aging)... compared with the absence of adversity, the telomere difference could translate into a 7- to 15-year difference in life span.... Adverse childhood events are related to continued vulnerability among older adults, enhancing the impact of chronic stressors. Childhood adversities cast a very long shadow.”

De Von Figueroa-Moseley C, Abramson JM, Williams GC.

College women: history of childhood abuse and its relationship to smoking.

Violence Against Women. 2010 Nov;16(11):1242-51. PMID: 21097961

In a survey of 296 college women, abuse history was a good predictor of smoking – those experiencing two or more types of abuse before age 17 were 3 times more likely to be early smokers and 7 times more likely to be current smokers.

Lukasse M, Vangen S, Øian P, Kumle M, Ryding EL, Schei B; Bidens Study Group.

Childhood abuse and fear of childbirth--a population-based study.

Birth. 2010 Dec;37(4):267-74. PMID: 21083717

Of 2365 pregnant Norwegian women, 23.9% had experienced any form of childhood abuse. First time moms who had experienced childhood abuse were 2.0 times more likely to express severe fear of childbirth.

Rich-Edwards JW, Spiegelman D, Lividoti Hibert EN, Jun HJ, Todd TJ, Kawachi I, Wright RJ.

Abuse in childhood and adolescence as a predictor of type 2 diabetes in adult women.

Am J Prev Med. 2010 Dec;39(6):529-36. PMID: 21084073

Based on data from over 65,000 women in the Nurses Health Study, moderate to severe physical or sexual abuse in childhood and adolescence had a dose-response association with risk of adult type 2 diabetes, partially explained by higher BMI (body mass index) of women with early abuse history.

Bleil ME, Adler NE, Pasch LA, Sternfeld B, Reijo-Pera RA, Cedars MI.

Adverse childhood experiences and repeat induced abortion.

Am J Obstet Gynecol. 2011 Feb;204(2):122.e1-6. PMID: 21074137

In this study from UCSF of 259 women, those who had experienced adverse childhood events were significantly more likely to have had two or more abortions vs. 0 or 1.

Gaudiano BA, Zimmerman M.

The relationship between childhood trauma history and the psychotic subtype of major depression.

Acta Psychiatr Scand. 2010 Jun;121(6):462-70. PMID: 19764926

Of 623 adult outpatients diagnosed with major depression, those who had features of psychosis (loss of touch with reality) were 2.81 times more likely to have experienced physical and 2.75 times more likely to have experienced sexual childhood abuse.

Domestic Violence – Effects on Children

Kim HK, Pears KC, Fisher PA, Connelly CD, Landsverk JA.

Trajectories of maternal harsh parenting in the first 3 years of life.

Child Abuse Negl. 2010 Dec;34(12):897-906. PMID: 21030081

In a longitudinal study of 488 at-risk mothers, there was a significant increase in maternal harsh parenting of an index child from birth to age 3. Maternal harsh parenting was associated with maternal alcohol use and abuse history. “In addition, partner aggression was significantly and positively associated with maternal harsh parenting at each time point.”

El-Mohandes AA, Kiely M, Gantz MG, El-Khorazaty MN.

Very preterm birth is reduced in women receiving an integrated behavioral intervention: a randomized controlled trial.

Matern Child Health J. 2011 Jan;15(1):19-28. PMID: 20082130

A randomized, controlled trial of 819 African American women with pregnancy risk factors of smoking, depression, or IPV was undertaken with either usual care or an integrated behavioral approach. IPV was associated with a 1.64 times increased risk of preterm birth (more than 3 weeks early), and 2.94 times increased risk of very preterm birth (more than 8 weeks early). The intervention reduced the incidence of very preterm birth by 60%.

Domestic Violence – Physical Health

Humphreys J.

Sexually transmitted infections, pregnancy, and intimate partner violence.

Health Care Women Int. 2011 Jan;32(1):23-38. PMID: 21154072

In depth interviews were held with women who had been in abusive relationships, discussing aspects of abuse relating to sexually transmitted infections and pregnancy, including: “And then when I got pregnant, that was when I first found out that I had HIV. And he was sitting at the kitchen table bragging that he was the one that

gave it to me.” and “I told him that I was pregnant, and he went irate. He just went irate. He tried to cause me to lose the baby...He got drunk one night and literally threw me on the floor and was just kicking my stomach.”

Cultural Issues

Hardesty JL, Oswald RF, Khaw L, Fonseca C.

Lesbian/bisexual mothers and intimate partner violence: help seeking in the context of social and legal vulnerability.

Violence Against Women. 2011 Jan;17(1):28-46. PMID: 20028878

Twenty-four lesbian/bisexual mothers in abusive relationships described their perceived stigma, vulnerabilities and distrust when seeking help from established organizations.

Sawin EM.

'My husband would not help me, so I was driving over there': older rural women experiencing breast cancer with a non-supportive intimate partner.

Rural Remote Health. 2010 Oct-Dec;10(4):1536. PMID: 21142399

Nine older rural women with breast cancer describe their experiences of breast cancer diagnosis and recovery in the situation of a non-supportive, abusive relationship.

Magnussen L, Shoultz J, Richardson K, Oneha MF, Campbell JC, et al

Responding to the needs of culturally diverse women who experience intimate partner violence.

Hawaii Med J. 2011 Jan;70(1):9-15. PMID: 21225589

Article highlights findings from a Hawaiian community based research study looking at the interface between culture and IPV – how it is to live within a culture, cultural protective factors but also cultural barriers to seeking help, and gender specific roles. Culturally appropriate interventions are discussed.

Elder/Dependent Adult Abuse

Bourget D, Gagné P, Whitehurst L.

Domestic homicide and homicide-suicide: the older offender.

J Am Acad Psychiatry Law. 2010;38(3):305-11. PMID: 20852214

In a Canadian 15 year retrospective study of partner homicides over age 65, the homicide was frequently followed by suicide of the perpetrator; several victims had pre-existing significant medical conditions with the perpetrator the caregiver; and most of the perpetrators had a mental illness, usually depression, but few had received psychiatric care.

Perpetrators

Cauffman E.

Understanding the female offender.

Future Child. 2008 Fall;18(2):119-42. PMID: 21338000

Extensive review of female juvenile offenders, including adult outcomes, patterns of offending, factors modifying behavior, mental health issues, and suggested effective prevention efforts.

Fawole OL, Salawu TA, Olarinmoye EO.

Intimate partner violence: prevalence and perceptions of married men in Ibadan, Nigeria.

Int Q Community Health Educ. 2009-2010;30(4):349-64. PMID: 21273168

In a community survey of 820 married Nigerian men, 44.1% had perpetrated some form of partner abuse. "Being rude" (66.4%) and "insufficient care of the children" (54.3%) were common justifications for IPV. Motive of the abuse were "to make partner responsible" (60.3%) and "to obtain respect" (59.9%).

McDonald R, Jouriles EN, Rosenfield D, Corbitt-Shindler D.

Predictors of domestically violent men's aggression toward children: a prospective study.

J Fam Psychol. 2011 Feb;25(1):11-8. PMID: 21355642

In a study of 62 women with their children who entered a DV shelter and were followed for 20 months after leaving the shelter, the level of male partner-child aggression was associated with the level of aggression pre-shelter, the level of IPV after leaving the shelter, and the number of contacts with the child after leaving the shelter.

Dobash RE, Dobash RP.

What were they thinking? Men who murder an intimate partner.

Violence Against Women. 2011 Jan;17(1):111-34. PMID: 21156731

Analysis of interviews with 104 men convicted of murdering a woman partner examined “beliefs about intimate relationships, orientations toward violence and previous violence to the victim, as well as subsequent denials, rationalizations, and justifications.”

Police and Court System

Moracco KE, Andersen K, Buchanan RM, Espersen C, Bowling JM, Duffy C.

Who are the defendants in domestic violence protection order cases?

Violence Against Women. 2010 Nov;16(11):1201-23. PMID: 21097959

This analysis of over 700 DVPOs from North Carolina revealed that a large percentage of the perpetrators had had prior IPV offenses, other involvement with law enforcement, and mental health or substance abuse issues. Authors suggest that concurrent treatment for mental health or substance abuse would increase effectiveness of DVPOs.

Bell ME, Perez S, Goodman LA, Dutton MA.

Battered women’s perceptions of civil and criminal court helpfulness: the role of court outcome and process.

Violence Against Women. 2011 Jan;17(1):71-88. PMID: 21199810

In a study of Black battered women seeking formal help from the court, satisfaction with the process was related to outcomes, but more frequently mentioned were treatment by staff, process length, and public disclosure.

Providers

McGregor K, Glover M, Gautam J, Jülich S.

Working sensitively with child sexual abuse survivors: what female child sexual abuse survivors want from health professionals.

Women Health. 2010 Dec;50(8):737-55. PMID: 21170816

Based on results of a mailed questionnaire to 61 female New Zealand adult survivors of childhood sexual abuse on how health professionals could work better with child sexual abuse survivors, a model training guide on knowledge, skills and practices was developed.

Rose D, Trevillion K, Woodall A, Morgan C, Feder G, Howard L.

Barriers and facilitators of disclosures of domestic violence by mental health service users: qualitative study.

Br J Psychiatry. 2011 Mar;198(3):189-94. PMID: 21160053

Interviews with British mental health service users revealed barriers to disclosing DV such as fear of not being believed and fear of involvement with child protection services. Providers felt that they needed better training in identification and response to patients with DV issues.

Colarossi L, Breitbart V, Betancourt G.

Barriers to screening for intimate partner violence: a mixed-methods study of providers in family planning clinics.

Perspect Sex Reprod Health. 2010 Dec;42(4):236-43. PMID: 21126299

In a sample of 75 health care staff from a large urban family planning organization, barriers to screening for partner violence included lack of time, training and referral resources.

Sims C, Sabra D, Bergey MR, Grill E, Sarani B, Pascual J, Kim P, Datner E.

Detecting intimate partner violence: more than trauma team education is needed.

J Am Coll Surg. 2011 May;212(5):867-72. PMID: 21414813

Despite an educational program for trauma residents on the detection of IPV, there was no increase in screening or positive disclosure from patients during a one year follow-up period, despite the fact that there was a very significant increase in asking about social habits such as alcohol, drug and tobacco use.

Sabella D.

The role of the nurse in combating human trafficking.

Am J Nurs. 2011 Feb;111(2):28-37; quiz 38-9. PMID: 21270581

Review article for nurses on the subject of human trafficking with how to recognize signs, safely intervene, and provide resources.

Trevillion K, Agnew-Davies R, Howard LM.

Domestic violence: responding to the needs of patients.

Nurs Stand. 2011 Mar 2-8;25(26):48-56; quiz 58, 60. PMID: 21428262

Practical review article for nurses on identifying and responding to DV.

Sink EL, Hyman JE, Matheny T, Georgopoulos G, Kleinman P.

Child abuse: the role of the orthopaedic surgeon in nonaccidental trauma.

Clin Orthop Relat Res. 2011 Mar;469(3):790-7. PMID: 20941649

Article reviews the role and responsibilities of the orthopedic surgeon in child abuse cases.

Other of Interest

Schaaf CP, Scott DA, Wiszniewska J, Beaudet AL.

Identification of incestuous parental relationships by SNP-based DNA microarrays.

Lancet. 2011 Feb 12;377(9765):555-6. PMID: 21315943

DNA microarray analysis is being used more and more in the assessment of children with intellectual and developmental disabilities. This technique can point out consanguinity (conception by first-degree relatives) without requiring analysis of parental samples. This raises important legal and ethical concerns, including the “possibility of harm in the form of stigmatization, emotional distress, and criminal accusations.” The authors recommend that “institutions establish a committee to discuss these and other legal and ethical issues with the purpose of drafting practice guidelines that deal with issues of consent, result disclosure, and reporting.”

Cromer LD, Goldsmith RE.

Child sexual abuse myths: attitudes, beliefs, and individual differences.

J Child Sex Abus. 2010 Nov;19(6):618-47. PMID: 21113832

Analysis of a Google search on child sexual abuse produced themes of child sexual abuse myths: (a) minimizations or exaggerations of the extent of harm child sexual abuse poses, (b) denials of the extent of child sexual abuse, (c) diffusions of perpetrator blame, and (d) perpetrator stereotypes.

Cloyd E, Dyer CB.

Catastrophic events and older adults.

Crit Care Nurs Clin North Am. 2010 Dec;22(4):501-13. PMID: 21095558

During catastrophic events, elders who may have cognitive disorders, chronic illnesses and mobility problems may be limited in their ability to cope, and be more vulnerable to abuse, neglect and exploitation. The authors recommend that gerontological professionals be involved with emergency preparedness planning, including training of frontline workers on the special needs of this population.

Corso PS, Fang X, Mercy JA.

Benefits of preventing a death associated with child maltreatment: evidence from willingness-to-pay survey data.

Am J Public Health. 2011 Mar;101(3):487-90. PMID: 21233433

In a pilot randomized telephone survey of a final group of 199 Georgia residents, respondents were willing to pay a value of (mean) \$148 to decrease child death from maltreatment by half (from 2 to 1/100,000 children). This willingness to pay was not found to be different with regard to personal history of child abuse, income, age, ethnicity, sex, or political affiliation (possibly due to small sample size). However respondents significantly preferred paying through a tax vs. via a charitable donation.