Child Abuse

Schilling S, Christian CW.
Child Physical Abuse and Neglect.
PMID: 24656582
Review article on the topic including magnitude, triggers, clinical outcomes, therapeutic strategies, lifetime consequences, evidence-supported treatment interventions, and tools and resources.

Al Odhayani A, Watson WJ, Watson L.
Behavioural consequences of child abuse.
“A child’s behaviour is an outward manifestation of inner stability and security.” Review of the effects of child maltreatment on stages of behavioral development; and review of symptoms of abuse, neglect and attachment disorder.

Hodges M, Godbout N, Briere J, et. al.
Cumulative trauma and symptom complexity in children: a path analysis.
In a clinical sample of 318 children age 3-9, accumulated exposure to multiple different trauma types predicted symptom complexity as reported by both children and their caretakers. While different types of trauma may have different impacts, multiple traumas may also amplify effects and lead to more potentially maladaptive coping strategies.

Greiner MV, Palusci VJ, Keeshin BR, Kearns SC, Sinal SH.
A preliminary screening instrument for early detection of medical child abuse.
Using chart review, differences in characteristics of children, caregivers, and illness during hospitalization indicative of medical child abuse were identified. The overwhelming most predictive factor for medical child abuse (89 times more likely), was decrease in medical symptoms when out of care of caregiver.

Kemp AM, Maguire SA, Nuttall D, Collins P, Dunstan F.
Bruising in children who are assessed for suspected physical abuse.
This British study of 519 children <6 years referred to child protection teams compared the extent and pattern of bruising between children with confirmed physical abuse and where abuse was excluded. In confirmed abuse cases, the odds of bruising were increased in certain areas such as: buttocks or genitalia (19.9 times increased risk of abuse), left ear (7.1), left cheek (5.2), neck (3.77), and front of trunk (4.74).

Adult Manifestations of Child Abuse

Fuller-Thomson E, Sinclair DA, Brennenstuhl S.
Carrying the pain of abuse: gender-specific findings on the relationship between childhood physical abuse and obesity in adulthood.
From a national Canadian survey of over 12,000 adults, and controlling for age, race and multiple clusters of risk factors, the odds of obesity for women but not men were 35% higher with a history of childhood physical abuse.

Davis CR, Dearing E, Usher N, et. al.
Detailed assessments of childhood adversity enhance prediction of central obesity independent of gender, race, adult psychosocial risk and health behaviors.
Metabolism. 2014 Feb;63(2):199-206. PMID: 24211017
For 210 multi-ethnic adults with mean age of 45.8, overall childhood adversity incorporating severity and chronicity into cumulative scores predicted adult central obesity beyond traditional modifiable risk factors.

Miller AB, Schaefer KE, Renshaw KD, Blais RK.
PTSD and marital satisfaction in military service members: examining the simultaneous roles of childhood sexual abuse and combat exposure.
In a group of 218 recently deployed National Guard/Reserve veterans, childhood sexual abuse accounted for both an independent increase in PTSD symptom severity and decrease in marital satisfaction, independent of combat exposure.

For 1142 racial/ethnic minority children in Chicago followed from kindergarten and interviewed at age 22-24, there was a robust association irrespective of gender between number of adverse childhood experiences and poorer self-rated health and life satisfaction; depressive symptoms; anxiety; and use of tobacco, alcohol, and marijuana.

Review of the evidence for the relationship of different types of childhood adversities to increased risk for psychosis and schizophrenia in adolescents and adults.

Adolescents

Description of different patterns of male and female sexual coercion and vulnerability through interviews with 1319 Dutch young adults.

In focus groups with 26 teen mothers from a mid-Atlantic state, a significant component of violence prevention was family support to lessen the stress of pregnancy and parenting. In addition “The young women expressed a lack of hope for the prevention of teen dating violence and the prevalence of violence in their lives. They appeared to believe that violence was inevitable and that interventions to attempt to reduce violence were fruitless.”

14 college students were interviewed about family stressors, showing attempts to manage the stressor within the context of their life course. “Many emerging adults hope that going away to college will provide...an opportunity to ‘have a normal life’. However...there is no relief from the emotional burden of an emerging adult’s home environment. Instead, a cycle of obligation, resentment, and guilt follows as she is caught between two worlds.”

Domestic Violence – Effects on Children

From interviews regarding child discipline with 30 traumatized women recruited from the WIC program, repetitive child behaviors were the most stressful; the most common coping mechanism was taking time away and thus possibly leaving children unsupervised for prolonged periods; and harsh discipline was used deliberately to prevent future behavior problems, particularly as those who experienced IPV feared that their children would become violent adults. Authors stress the need for programs providing trauma-informed positive discipline training and parental support.

Domestic Violence – Physical Health

Of 641 women seen in a large urban obstetrics and gynecology clinic, 16% reported reproductive coercion (male behavior to control contraception and pregnancy outcomes). Of those experiencing reproductive coercion, 1/3 also experienced IPV in the same relationship.
Review of research articles linking IPV and HIV in women in the US.

Of 635 Swedish women seeking termination of pregnancy (TOP) vs. 591 seeking contraceptive counseling, the TOP group was more likely to report history of IPV (29% vs. 22%), recent IPV, and physical violence. Among women with repeated TOP, 51% reported experience of IPV.

Domestic Violence – Mental Health

Of 42 women in a shelter, 74% reported symptoms of depression and 67% met criteria for PTSD. High levels of danger and low levels of resourcefulness were associated with increased symptoms of depression and PTSD.

Sexual Assault

Following almost 500 previously sexually assaulted community women (mean age 34) over 1 year, PTSD symptoms predicted sexual assault revictimization for both forcible and incapacitated rape, and hazardous drinking predicted incapacitated rape.

From a large sample of US adults without a history of childhood sexual abuse, 2.5% reported sexual victimization in adulthood. Adult sexual victimization increased the risk of psychiatric disorders, especially PTSD and drug abuse. Conversely, pre-existing mental health issues, particularly PTSD, increased the likelihood of sexual victimization in adulthood. Psychiatric disorders can act as both risk factors and outcomes of adult sexual victimization.

From Highland Hospital in Oakland, description of a 12 factor instrument to define and measure genital injury, which showed good consistency and validity and was able to distinguish sexual assault patients from consensual intercourse subjects.

In an analysis of 841 sexual assaults from 3 law enforcement agencies, condom use ranged from 11.7% to 15.6%. Younger suspects and suspects who used a weapon were more likely to use a condom. The perpetrator’s use of alcohol was negatively related to condom use.

In a survey of 174 sexual assault examiner programs in the US and Canada, only 31% provided HIV testing and only 63% offered HIV prophylaxis on request. The largest barriers to offering HIV prophylaxis were the need to provide HIV counseling/follow-up and medication costs.

22 female veterans were interviewed by phone about military sexual trauma and the barriers to reporting and obtaining services.

Cultural Issues


Lesbian and bisexual female veterans were “significantly more likely to have experienced both military and childhood sexual trauma than heterosexual women (military sexual trauma: 31 % vs. 13 %; childhood sexual trauma: 60 % vs. 36 %), to be hazardous drinkers (32 % vs. 16 %) and rate their current mental health as worse than before deployment (35 % vs. 16 %).”


For 12 Latinas referred for depression but who did not seek treatment, the usual cited barriers of language, economics and lack of illness recognition did not apply. They agreed they were depressed but instead barriers were cultural values such as familismo (strong commitment to family duties) and marianismo (female gender role of moral strength) and lack of responsiveness from family and religious leaders.

Kanuha VK. "Relationships so loving and so hurtful": the constructed duality of sexual and racial/ethnic intimacy in the context of violence in Asian and Pacific Islander lesbian and queer women's relationships. Violence Against Women. 2013 Sep;19(9):1175-96. PMID: 24142956

Interviews with 24 lesbian/queer Asian, Pacific Islander, and Native Hawaiian women about IPV revealed multiple themes with intersection of elements of ethnicity, gender and sexual identity, including the concept of “face” and negative reflection and subsequent shaming of one’s family.

Elder/Dependent Adult Abuse


In analyzing unemployed adult children migrating from urban center to smaller rural towns to live with their parents, attitudes of family caregivers regarding finances included: overestimating their parents’ ability to manage finances, managing parents’ finances informally without legal options like power of attorney, and thinking of their parents’ assets as “almost theirs.”


In a federally sponsored pilot program to screen workers in long-term care settings, of 204,339 completed screenings 3.7% were disqualified due to criminal history and 18.8% were withdrawn prior to screening completion. Lessons learned will inform a new national background check program.

Perpetrators


Looking at records of 208 incarcerated sex offenders with past sexual convictions, 20% had a prior victim of a different gender, 40% crossed over age categories, and 48% had varying relationships with the victims such as a family member or stranger.


In clinical interviews with 194 male inmates on their abuse experiences prior to age 18, psychopathic inmates presented higher victimization levels and increased rates of specific types of intentional abuse such as being kicked, choked or burned, hit with objects, ridiculed, and forced to watch sexual acts.
Police and Court Systems

Hirschel D, Buzawa ES.
The impact of offenders leaving the scene on the police decision to arrest in cases of intimate partner violence.
Violence Against Women. 2013 Sep;19(9):1079-103. PMID: 24142952
Using data from 25 police departments in four states, and controlling for a variety of characteristics, an IPV offender who fled the scene of an incident is more than 5 times less likely to be arrested than one who remained at the scene.

Cottler LB, O’Leary CC, Nickel KB, Reingle JM, Isom D.
Breaking the blue wall of silence: risk factors for experiencing police sexual misconduct among female offenders.
Am J Public Health. 2014 Feb;104(2):338-44. PMID: 24328629
Of 318 women recruited from drug courts in St. Louis, 25% reported a lifetime history of police sexual misconduct. Of these women, 96% had sex with an officer on duty, 31% reported rape by an officer, and 54% were offered favors by officers in exchange for sex.

Munshi T, Brewster VL, Edwards HG, et. al.
Monitoring of the interconversion of gamma-butyrolactone (GBL) to gamma hydroxybutyric acid (GHB) by Raman spectroscopy.
Drug Test Anal. 2013 Aug;5(8):678-82. PMID: 23225646
Analysis of GHB (used in drug-facilitated sexual abuse) metabolism in different ethanol solutions as a function of pH, time, and temperature, to identify a time scale of detection after real life scenarios.

Providers

Zeman LD, Swanke J.
A review of intimate partner violence for case managers.
Care Manag J. 2013;14(4):214-20. PMID: 24579268
“Effective identification involves screening and assessing risk of harm, severity of violence, and the survivor’s readiness for change. Care planning involves working with the survivor and their families to build protective skills, make a safety plan, and build their life independent of violence.”

McMahon-Howard J, Reimers B.
An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC).

van Toledo A, Seymour F.
Interventions for caregivers of children who disclose sexual abuse: a review.
Discussion of the impact on and needs of the non-offending caregiver after a child’s disclosure of sexual abuse, including information, emotional support, support around their own victimization if relevant, and parenting assistance. A detailed review of interventions is provided.

Raja S, Hoersch M, Rajagopalan CF, Chang P.
Treating patients with traumatic life experiences: Providing trauma-informed care.
Trauma-informed care for dental providers, including a proposed “trauma-informed pyramid”.

BEHAVIORAL STRATEGIES

Ask your patient whether there is anything you can do to make him or her more comfortable.

If the patient seems worried or anxious about a specific procedure, ask him or her to think about what has helped with a stressful situation in the past.

Use tell-show-do desensitization to let the patient know what you are going to do in advance—give him or her an overview of the entire appointment. Use the tell-show-do technique during the appointment as needed.

Let the patient know that he or she can raise a hand (or use another signal) and you will stop the procedure, if it is medically safe to do so.
Channugam A.  
**Social work expertise and domestic violence fatality review teams.**  
Review of the history, purpose and potential of DV fatality review teams and the benefits of social worker involvement.

**The perils of SNP microarray testing: uncovering unexpected consanguinity.**  
During the consent process for genetic testing of an affected baby, parent(s) should be informed about the possibility of uncovering consanguinity (blood relationship of biological parents), and geneticists should understand the psychological, legal and moral implications.

Jung K, Steil R.  
**A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder.**  
Small German study on a successful 2 session Cognitive Restructuring and Imagery Modification treatment to help adult survivors of childhood sexual abuse with PTSD modify the common feeling of “being contaminated”.

Researchers

Onat G.  
**Development of a scale for determining violence against infertile women: a scale development study.**  
Suggested scale evaluated in Turkey for DV in the infertility setting, with domains of domestic violence, social pressure, punishment, exposure to traditional practices, and exclusion.

Widman L, Olson M.  
**On the relationship between automatic attitudes and self-reported sexual assault in men.**  
Arch Sex Behav. 2013 Jul;42(5):813-23. PMID: 22618119  
Development of a rape attitude assessment that was significantly associated with sexual assault perpetration in samples of both college men and community men.

**Other of Interest**

Stylianou AM, Postmus JL, McMahon S.  
**Measuring abusive behaviors: is economic abuse a unique form of abuse?**  
From interviews with 450 IPV survivors, economic abuse is conceptualized not as simply a form of psychological abuse, but as three separate constructs: economic control, economic exploitation, and employment sabotage. 75.8% of participants experienced psychological, physical and economic abuse together, reminding providers that economic abuse needs to be evaluated and may continue after leaving the relationship.

Kelly PJ, Cheng AL, Spencer-Carver E, Ramaswamy M.  
**A syndemic model of women incarcerated in community jails.**  
In looking at underlying factors for 290 women incarcerated in 3 urban Midwestern US jails, four variables showed significant pathways to incarceration: childhood sexual abuse, childhood physical abuse, domestic violence and mental health diagnoses.

Blaze J, Scheuing L, Roth TL.  
**Differential methylation of genes in the medial prefrontal cortex of developing and adult rats following exposure to maltreatment or nurturing care during infancy.**  
Rats exposed to maltreatment or nurturing care during the first week of life showed differences in methylation of areas in the prefrontal cortex (brain areas with a role in cognition and psychiatric disorders), some of which did not show up until adulthood, and manifestations of which were different in males and females.

Nummenmaa L, Glerean E, Hari R, Hietanen JK.  
**Bodily maps of emotions.**  
From experiments with 701 multi-ethnic adults, “We propose that emotions are represented in the somatosensory system as culturally universal categorical somatotopic maps [areas feeling warm or cold]. Perception of these emotion-triggered bodily changes may play a key role in generating consciously felt emotions.”