

ABUSE RESEARCH

For archive and to sign up for distribution list:

<http://abuseresearch.info/>

Questions: Harise Stein, MD harise@stanford.edu

Child Abuse

De Boer C, Ghomrawi HM, Bouchard ME, et. al.

Effect of the COVID-19 pandemic on presentation and severity of traumatic injury due to physical child abuse across US children's hospitals.

J Pediatr Surg. 2022 Apr;57(4):726-731. PMID: [34334186](#)

Comparing national data from Mar-June 2020 with prior years 2016-2019, 20,346 physical child abuse encounters were reported by 47 children's hospitals. During the pandemic, the number of children presenting with abuse to children's hospitals significantly declined, however the injuries were more likely to be severe, including more ICU admissions and traumatic brain injuries.

Feld K, Ricken T, Feld D, et. al.

Fractures and skin lesions in pediatric abusive head trauma: a forensic multi-center study.

Int J Legal Med. 2022 Mar;136(2):591-601. PMID: [34862583](#)

"In 72 cases of living children diagnosed with shaken baby syndrome [SBS] during medico-legal examinations at three German university institutes of legal medicine, fractures were found in 32% of the cases. The skull (43%) and ribs (48%) were affected most frequently. In 48% of the cases, healing fractures were present. Skin lesions (hematomas and abrasions) were found in 53% of the cases with the face (76%), scalp (26%), and trunk (50%) being the major sites. In 48% of the cases, healing skin lesions were observed. Nearly 80% of the cases with fractures also showed skin lesions. The data prove that SBS is frequently accompanied by other forms of physical abuse."

Pierce MC, Kaczor K, Lorenz DJ, et. al.

Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics.

JAMA Netw Open. 2021 Apr 1;4(4):e215832. PMID: [33852003](#)

"Bruising caused by physical abuse is the most common antecedent injury to be overlooked or misdiagnosed as nonabusive before an abuse-

related fatality or near-fatality in a young child."

Using data over several years from 5 children's hospitals on children under 4 years old, and an expert consensus panel, criteria for distinguishing bruising from abuse vs. non-abuse included bruising to the torso, ear, neck, frenulum (inside the upper lip), angle of jaw, cheeks, eyelids, and subconjunctivae (eyes); any bruising on a child less than 5 months old; and patterned bruising.

Guan J, Blanchard A, DiGuseppi CG, Chihuri S, Li G.

Homicide Incidents Involving Children with Autism Spectrum Disorder as Victims Reported in the US News Media, 2000-2019.

J Autism Dev Disord. 2022 Apr;52(4):1673-1677. PMID: [33983521](#)

From news media reports on homicide incidents involving children with autism as victims in the United States between 2000 and 2019, of the 52 victims studied, 90.4% were male, and age 2-20 years (mean = 10.4 years). "Parents and other caregivers accounted for 63.5% and 13.5% of the perpetrators, respectively. The leading injury mechanism was gunshot wounds (23.1%), followed by drowning (19.2%), and suffocation, strangulation, or asphyxiation (19.2%). The most commonly cited contributing factor (47.1%) was overwhelming stress from caring for the autistic child. These results underscore the importance of supporting services for caregivers of children with autism."

Finkelhor D, Turner H, LaSelva D.

Medical Treatment Following Violence Exposure in a National Sample of Children and Youth.

JAMA Netw Open. 2021 May 3;4(5):e219250. PMID: [33978721](#)

From a national survey of 8503 children and youth, 3.4% had a lifetime violence-related medical visit and 1.9% in the past year, equivalent to approximately 1.4 million children and youth, 33.3% of whom were aged 2 to 9 years. Those with a past-year visit had higher levels of trauma symptoms (risk ratio, 1.71), ACEs (2.55) and multiple violence exposures (3.91) compared with the general sample. "The estimated large number of violence-related visits with medical professionals offers an opportunity to address a source of frequent injury, and provide counseling and referral."

Yurkovich C, Nazer D, Farooqi A, Kannikeswaran N.

Does Postmortem Imaging Provide Additional Findings After Unexpected Deaths in Infants and Children?

Pediatr Emerg Care. 2022 Mar 1;38(3):e1118-e1122. PMID: [33105461](#)

Of 150 unexpected deaths in children age 2 or younger, 82.5% were infants. A skeletal survey and autopsy were only performed in 72.6% of infants. Xray imaging provided additional findings in 34% of infants and 59.1% of children, identifying abuse in 11 children with a negative physical exam, 3 of whom had had a negative autopsy.

Russell JD, Heyn SA, Dean DC 3rd, Herringa RJ.

Pediatric PTSD is characterized by age- and sex-related abnormalities in structural connectivity.

Neuropsychopharmacology. 2021 Nov;46(12):2217-2223. PMID: [34285368](#)

Of 82 youth ages 8-18, of whom 39 met criteria for pediatric PTSD, in those with PTSD there was brain scan evidence of alteration of microstructure “suggesting an altered pattern of neurodevelopment that may contribute to persistence or worsening of illness. Broadly, our results suggest abnormal white matter development in pediatric PTSD, a finding which may contribute to illness persistence, comorbidity with other disorders, and poorer prognosis across time.”

Gaylord NM, Bland T, Munoz L, Ross R, Olson C.

Prevalence and Impact of Adverse Childhood Experiences in an Interdisciplinary, School-Based Pediatric Clinic.

J Pediatr Health Care. 2022 Mar-Apr;36(2):e1-e10. PMID: [35227420](#)

Of 1,028 children seen at a school-based, interprofessional clinic over 1 academic year, “Nearly 58% of children had at least one ACE, and 9.5% had four or more, similar to the prevalence of ACEs in adults. With increasing ACEs, children had higher rates of intrauterine drug exposure, intensive care on delivery, homelessness, substance abuse, behavioral problems, mental illness, learning difficulties, and weight issues.”

Putnam-Hornstein E, Ahn E, Prindle J, et. al.

Cumulative Rates of Child Protection Involvement and Terminations of Parental Rights in a California Birth Cohort, 1999-2017.

Am J Public Health. 2021 Jun;111(6):1157-1163. PMID: [33856882](#)

Using linked data sources for 519,248 children born in California in 1999, “Overall, 26.3% of children were investigated for maltreatment, 10.5% were substantiated, 4.3% were placed in foster care, and 1.1% experienced a TPR [termination of parental

rights]. Roughly 1 in 2 Black and Native American children were investigated during childhood. Children receiving public insurance experienced CPS involvement at more than twice the rate of children with private insurance...Conservatively, CPS investigates more than a quarter of children born in California for abuse or neglect. These data reinforce policy questions about the current scope and reach of our modern CPS.”

Adult Manifestations of Child Abuse

Naicker SN, Ahun MN, Besharati S, et. al.

The Long-Term Health and Human Capital Consequences of ACEs in the Birth to Thirty Cohort.

Int J Environ Res Public Health. 2022 Feb 5;19(3):1799. PMID: [35162821](#)

“Human capital--that is the cumulative abilities, education, social skills, and mental and physical health one possesses--is increasingly recognized as key to the reduction of inequality in societies.” Adverse childhood experiences have been linked to a range of human capital...negative outcomes in young adulthood.”

Souch AJ, Jones IR, Shelton KHM, Waters CS.

Maternal childhood maltreatment and perinatal outcomes: A systematic review.

J Affect Disord. 2022 Apr 1;302:139-159. PMID: [35041871](#)

From a research review, maternal childhood maltreatment (MGM) was consistently associated with difficulties in maternal and infant emotional regulation and with disturbances in the mother-infant relationship, often influenced by mothers' current mental health. “Direct and mediated associations between MCM and adverse pregnancy and obstetric outcomes were suggested by a limited number of studies. Emotional and sexual abuse were the most consistent MCM subtype significantly associated with adverse perinatal outcomes.”

Brunton R, Wood T, Dryer R.

Childhood abuse, pregnancy-related anxiety and the mediating role of resilience and social support.

J Health Psychol. 2022 Mar;27(4):868-878. PMID: [33153340](#)

For 638 pregnant women, total childhood abuse (and all types independently), were related to higher pregnancy-related anxiety scores than women without a childhood maltreatment history. Personal levels of resilience and higher social support decreased anxiety.

Saygideger Y, Özkan H, Baydar O, Yilmaz O.

Adulthood asthma as a consequence of childhood adversity: a systematic review of epigenetically affected genes.

J Dev Orig Health Dis. 2022 Mar 8;1-9. PMID: [35256035](#)

From a research review, "Several genes and pathways that may contribute to pathogenesis of asthma development, increased inflammation, or response to asthma treatment were found epigenetically affected by childhood traumas. Childhood adversity, causing epigenetic changes in DNA, may lead to asthma development or influence the course of the disease."

Strenth CR, Mo A, Kale NJ, et. al.

Adverse Childhood Experiences and Diabetes: Testing Violence and Distress Mediation Pathways in Family Medicine Patients.

J Interpers Violence. 2022 Feb 27;8862605221076536. PMID: [35225043](#)

Of 581 adults with type 2 diabetes seen in seven family medicine clinics, in 58.3% their diabetes was not in control. Even after controlling for several variables, ACE score was associated with increased positive IPV screen, which was associated with increased emotional burden, which was then associated with a decrease in diabetes control.

Lipsky RK, McDonald CC, Souders MC, et. al.

Adverse childhood experiences, the serotonergic system, and depressive and anxiety disorders in adulthood: A systematic literature review.

Neurosci Biobehav Rev. 2022 Mar;134:104495. PMID: [34919986](#)

Very detailed, technical review of what we know to date about the serotonergic system (one brain hormone system that has to do with mood), associated depressive and anxiety disorders, various genetic (inherited) and epigenetic (influences from the environment such as ACEs) changes to this system, and the resulting impact on the efficacy of different types of anti-depressant medication.

Grimbergen C, Fassaert T.

Occurrence of Psychiatric Disorders, Self-Sufficiency Problems and Adverse Childhood Experiences in a Population Suspected of Violent Extremism.

Front Psychiatry. 2022 Feb 15;13:779714. PMID: [35242062](#)

From detailed reports on 34 adult violent extremists in Amsterdam, 29.4% experienced mood and anxiety disorders, 29.4% mild intellectual disability, 35.3% substance use disorder, 41.2% personality disorder, 14.7% psychotic disorders, and 35.3% had been exposed to 4+ ACEs. Most common ACEs were

emotional neglect (47.1%), household mental illness (44.1%), and loss of a parent (38.2%)."

Carlyle M, Broomby R, Simpson G, et. al.

A randomised, double-blind study investigating the relationship between early childhood trauma and the rewarding effects of morphine.

Addict Biol. 2021 Nov;26(6):e13047. PMID: [34155732](#)

Physically healthy participants with either a history of severe childhood trauma or no previous history of childhood trauma attended two sessions where they received 2 different doses of morphine. "The trauma group reported liking the effects of morphine, feeling more euphoric and wanting more of the drug over the session, as well as feeling less nauseous, dizzy, and dislike of the effects of morphine compared to the non-trauma comparison group...Childhood trauma may therefore sensitise individuals to the pleasurable and motivational effects of opioids and reduce sensitivity to the negative effects, providing compelling evidence for opioid reward sensitivity. This may explain the link between childhood trauma and vulnerability to opioid use disorder."

Adolescents

Kirsch DE, Lippard ETC.

Early life stress and substance use disorders: The critical role of adolescent substance use.

Pharmacol Biochem Behav. 2022 Feb 25;215:173360. PMID: [35219756](#)

Authors discuss the impact of early life stress (ELS) on the adolescent developing brain and stress hormone system, including the stress response, the brain reward system, and executive control (decision making and impulse control); and how brain changes following ELS and adolescent substance use may independently, additively, or interactively contribute to risk for addiction."

Noudali SN, Patock-Peckham JA, Berberian SL, et. al.

Does insomnia mediate the link between childhood trauma and impaired control over drinking, alcohol use, and related problems?

Addict Behav Rep. 2021 Dec 21;15:100402. PMID: [35036516](#)

For 941 college students, "Higher levels of childhood emotional abuse were directly associated with more insomnia...and impaired control over drinking...We suggest that insomnia may contribute to dysregulated drinking and could be a promising therapeutic target of intervention among college student social drinkers."

Mountjoy M, Junge A, Magnusson C, et. al.
Beneath the Surface: Mental Health and Harassment and Abuse of Athletes Participating in the FINA (Aquatics) World Championships, 2019.

Clin J Sport Med. 2022 Mar 1;32(2):95-102. PMID: [34483238](#)
For 377 athletes competing in the FINA World Championships 2019, “A quarter (24.6%) of the 377 responding athletes were classified as depressed and 2.5% as having an eating disorder. More than 40% of the athletes stated that they wanted or needed psychotherapeutic support. 14.9% had experienced harassment/abuse in sport themselves, and 9% had witnessed it in another athlete. The experiences of harassment and abuse ranged from unwanted comments about body or appearance (40.2%) to rewards in sport for sexual favors (2.5%) and rape (0.3%). Up to a third would not talk or report to anybody if they saw or experienced harassment/abuse, and less than 20% would talk to an official for help.”

Domestic Violence – Effects on Children

Bernard NK, Bogat GA, Kashy DA, et. al.
Prenatal and postnatal intimate partner violence, depression, and infant-mother touch.

Infant Behav Dev. 2022 Feb 25;67:101703. PMID: [35220177](#)
Touch behaviors were coded for 174 mother-infant pairs at play. “Male infants with pre- or postnatal IPV exposure initiated more negative touch (e.g., hitting, kicking, pushing) with their mothers than female or nonexposed male infants. IPV did not predict differences in maternal touch responses to infants, while postpartum depressive symptoms were associated with maternal decreased touch responsiveness to male infant touch. The results suggest that male infant touch behavior is particularly susceptible to prenatal or postnatal exposure to IPV. Importantly, aggressive behavior in early childhood predicts more aggressive behavior across time.”

Domestic Violence – Physical Health

Sinko L, Hughesdon K, Grotts JH, Giordano N, Choi KR.
A Systematic Review of Research on Trauma and Women's Health in the Nurses' Health Study II.

Nurs Womens Health. 2022 Feb 28:S1751-4851(22)00039-3. PMID: [35240108](#)

The Nurses' Health Study II, begun in 1989, is among the largest prospective investigations into risk factors for major chronic diseases in women. “Interpersonal trauma across the life course was strongly associated with many leading causes of morbidity and mortality among female nurses...Results from a small number of studies suggested a negative intergenerational impact of trauma on the children of women in the NHS II...future investigations should leverage the full range of trauma measures available in the NHS II data set.”

Fanslow JL, Malihi Z, Hashemi L, Gulliver P, McIntosh T.
Prevalence of interpersonal violence against women and men in New Zealand: results of a cross-sectional study.

Aust N Z J Public Health. 2022 Apr;46(2):117-126. PMID: [34978353](#)

Of 2887 randomly selected New Zealand adults with face-to-face interviews 2017-2019, “Physical violence by non-partners was most commonly experienced by men (39.9% lifetime exposure) compared with 11.9% of women. More women (8.2%) experienced lifetime non-partner sexual violence compared with men (2.2%). About 29% of men and women reported at least one act of physical-IPV in their lifetime, and about 12.4% of women and 2.1% of men reported at least one act of lifetime sexual IPV. More women than men reported serious injuries, fear, and physical and mental health impacts following IPV experience.

Walker N, Beek K, Chen H, et. al.
The Experiences of Persistent Pain Among Women With a History of Intimate Partner Violence: A Systematic Review.

Trauma Violence Abuse. 2022 Apr;23(2):490-505. PMID: [32945245](#)

From a research review, “persistent pain among women who have experienced IPV is characterized by higher pain severity, higher pain-related disability, and a worsening affective impact of mental health conditions...distinguished from the experience of women who have never experienced IPV...Health care practitioners should be aware of this phenomena to ensure diagnosis, assessment, and treatment plans are targeted accordingly.”

Domestic Violence – Mental Health

Ogden SN, Dichter ME, Bazzi AR.

Intimate partner violence as a predictor of substance use outcomes among women: A systematic review.

Addict Behav. 2022 Apr;127:107214. PMID: [34933089](#)

In this research review looking at the connection between substance use disorder (SUD) among women and IPV, alcohol use was the most commonly studied outcome, and findings were mixed regarding the significance of IPV. Physical and sexual IPV predicted crack/cocaine use and were associated with SUD diagnoses. SUD treatment outcomes found IPV to impede treatment engagement and completion, increasing the likelihood of relapse.

Elder/Dependent Adult Abuse

Alraddadi K.

Impacts of mistreatment on the psychological and physical health of older adults living in sheltered homes.

Geriatr Nurs. 2022 Jan-Feb;43:182-187. PMID: [34911019](#)

Of 446 older adults living in 43 sheltered homes, “All subtypes of mistreatment of older adults were associated with increased prevalence rates of anxiety symptoms, depressive symptoms, and sleep problems. Perceived poor physical health was self-reported by 74% who experienced physical mistreatment and 49% who experienced other types of mistreatment. Increased healthcare utilization was higher among older adults who experienced mistreatment.”

Withall A, Karystianis G, Duncan D, et. al.

Domestic Violence in Residential Care Facilities in New South Wales, Australia: A Text Mining Study.

Gerontologist. 2022 Feb 9;62(2):223-231. PMID: [34023902](#)

Data mining was used to obtain details from 700 police reports of domestic violence events in Australian residential care facilities. “Victims were mostly female (65.4%) and older adults (median age 80.3). POIs [persons of interest] were predominantly male (67.0%) and were younger than the victims (median age 57.0). While low rates of mental illnesses were recorded (29.1% in victims; 17.4% in POIs), “dementia” was the most common

condition among POIs (55.7%) and victims (73.0%). “Physical abuse” was the most common abuse type (80.2%) with “bruising” the most common injury (36.8%). The most common relationship between perpetrator and victim was “carer” (76.6%).”

Sexual Assault

Thurston RC, Jakubowski KP, Wu M, et. al.

Sexual assault and white matter hyperintensities among midlife women.

Brain Imaging Behav. 2021 Sep 23;10.1007/s11682-021-00536-2. PMID: [34553332](#)

“White matter hyperintensities (WMHs) are markers of brain small vessel disease. WMHs can be detected decades before the onset of dementia and other disorders and can serve as early markers for these brain disorders...145 women (mean age = 59 years) without cardiovascular disease, stroke, or dementia were recruited...68% of women endorsed at least one of the traumas assessed...Women with trauma exposure had greater WMH volume than women without trauma. The single trauma most associated with WMH was [lifetime] sexual assault. Results persisted after adjusting for depressive or post-traumatic stress symptoms...Sexual assault may place women at risk for poor brain health.”

Lawn RB, Nishimi KM, Sumner JA, et. al.

Sexual Violence and Risk of Hypertension in Women in the Nurses' Health Study II: A 7-Year Prospective Analysis.

J Am Heart Assoc. 2022 Mar;11(5):e023015. PMID: [35189695](#)

“Data are from a substudy of the Nurses' Health Study II and include women free of hypertension at the time of sexual assault and workplace sexual harassment assessment in 2008 (n=33,127) ...Over the follow-up period sexual assault and workplace sexual harassment were prevalent (23% and 12%, respectively; 6% of women experienced both). Compared with women with no exposure, women who experienced both sexual assault and workplace sexual harassment had the highest risk of developing hypertension (hazard ratio [HR], 1.21), followed by women who experienced workplace sexual harassment (HR, 1.15) and then by women who experienced sexual assault (HR, 1.11), after adjusting for relevant covariates.”

Human Trafficking

Lanehurst A, Gordon M, Coverdale J, White CN, Nguyen P. **Integrating trauma-informed care into clinical practice with trafficked persons.**

Bull Menninger Clin. 2022 Mar;86(Supplement A):44-55. PMID: [35238611](#)

Authors present an overview of trauma-informed care, and then provide a structure and scripting for using the principles of trauma-informed care to inform the clinical care of trafficked persons.

Stoklosa H, Alhajji L, Finch L, et. al.

"Because the resources aren't there, then we fail. We fail as a society": A Qualitative Analysis of Human Trafficking Provider Perceptions of Child Welfare Involvement among Trafficked Mothers.

Matern Child Health J. 2022 Mar;26(3):623-631. PMID: [35015174](#)

Interviews with providers caring for trafficked birth mothers revealed multiple suggestions to support trafficked mothers, train hospital social workers, and systems change. "Education should include an understanding that judgement of a caretaker's ability to parent should be current and holistic and not reflexive based on history."

LGBTQ Concerns

Schnarrs PW, Stone AL, Bond MA, et. al.

Development and psychometric properties of the sexual and gender minority adverse childhood experiences (SGM-ACEs): Effect on sexual and gender minority adult mental health.

Child Abuse Negl. 2022 Feb 26;127:105570. PMID: [35231816](#)

Authors discuss the need for and development of a sexual/gender minority specific ACEs measure with 7 questions. Results showed adequate to good prediction for depression, anxiety, and PTSD.

Item

You were bullied in school by other children, teachers, staff, or school administrators (i.e., principal) because of your sexuality or gender identity. You were in a foster care, juvenile detention, or a mental hospital.

Family members said transphobic, homophobic, or biphobic things about you or other people on a regular basis in person or on social media.

Religious leaders at your church or other faith community said homophobic and transphobic things, such as teaching that the Bible or other texts condemn homosexuality or transgenderism.

You were punished, shamed, or yelled at by family members for not conforming to gender expectations (being too much or not manly enough, being too feminine or not feminine enough).

You felt pressure to have sex or relationships that you did not want in order to protect your family from discovering your gender or sexuality.

You saw/heard of other LGBTQ+ people being physically harmed.

Arayasirikul S, Turner C, Trujillo D, et. al.

A global cautionary tale: discrimination and violence against trans women worsen despite investments in public resources.

Int J Equity Health. 2022 Mar 3;21(1):32. PMID: [35241094](#)

In comparing responses to a series of studies of transwomen between 2010 and 2017, "Violence due to gender identity was prevalent; in each study period, verbal abuse or harassment was reported by over 83% of participants, and physical abuse or harassment was reported by over 56%. Adverse social determinants of health including homelessness, living below the poverty limit, methamphetamine use, depression, PTSD, and anxiety all significantly increased from 2010 to 2016. ...Our findings are particularly alarming during a period when significant public health resources and community-based initiatives specifically for trans women were implemented and could have reasonably led us to expect improvements."

Garthe RC, Kaur A, Rieger A, Blackburn AM, Kim S, Goffnett J. **Dating Violence and Peer Victimization Among Male, Female, Transgender, and Gender-Expansive Youth.**

Pediatrics. 2021 Apr;147(4):e2020004317. PMID: [33766918](#)

From an Illinois youth survey, "The highest rates across all forms of victimization were reported among transgender (15.6%-51.6%) and gender-expansive (13.2%-41.4%) youth. Transgender youth had 2.09-2.96 times higher frequency of victimization than male youth and 1.34-2.65 times higher frequency of victimization than female youth."

Race/Cultural Concerns

Anderson N, Lett E, Asabor EN, et. al.

The Association of Microaggressions with Depressive Symptoms and Institutional Satisfaction Among a National Cohort of Medical Students.

J Gen Intern Med. 2022 Feb;37(2):298-307. PMID: [33939079](#)

Of 759 medical students from a national survey, "61% experienced at least one microaggression weekly. Gender (64.4%), race/ethnicity (60.5%), and age (40.9%) were the most commonly cited reasons for experiencing microaggressions. Increased microaggression frequency was associated with a positive depression screen in a dose-response relationship...Medical students who experienced at least one microaggression weekly were more likely to consider medical school transfer (14.5% vs 4.7%) and withdrawal (18.2% vs 5.7%) and more likely to believe microaggressions were a normal part of medical school culture (62.3% vs 32.1%)."

Nagata JM, Ganson KT, Sajjad OM, et. al.
Prevalence of Perceived Racism and Discrimination Among US Children Aged 10 and 11 Years: The Adolescent Brain Cognitive Development (ABCD) Study.

JAMA Pediatr. 2021 Aug 1;175(8):861-863. PMID: [33999104](#)
 Of 10,354 children aged 10-11 years, “4.8% reporting being treated unfairly because of their race, ethnicity, or color. Overall, children from non-White groups or from lower-income households were more likely to report discrimination. Among Black children, 10.0% reported racism...Although the perpetrators of racism were mostly peers, teachers and other adults were often reported as the source of this unfair treatment.”

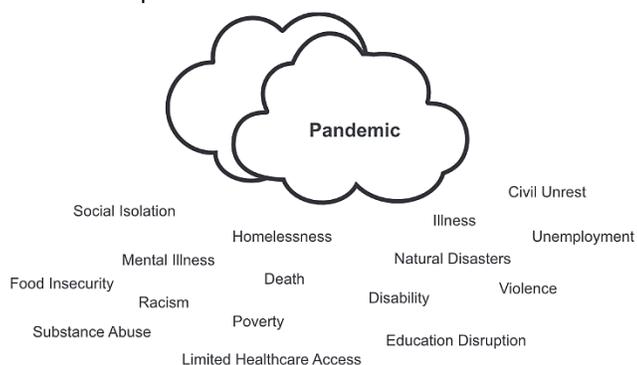
Sundaresh R, Yi Y, Harvey TD, et. al.
Exposure to Family Member Incarceration and Adult Well-being in the United States.

JAMA Netw Open. 2021 May 3;4(5):e2111821. PMID: [34047791](#)
 “More than half of the adult population in the United States has ever had a family member incarcerated, an experience more common among Black individuals.” From a nationally representative survey of 2815 adults, 45.0% reported having an immediate family member who was incarcerated. Compared with respondents with no family incarceration, any family member incarceration was associated with lower well-being overall and in every individual domain, and with a mean estimated 2.6 years shorter life expectancy. Among those with any family incarceration, Black respondents had a mean estimated 0.46 fewer years of life expectancy compared with White respondents.

Bowen FR, Lewandowski LA, Snethen JA, et. al.
A Schema of Toxic Stress Informed by Racism, Transgenerational Stress, and Disadvantage.

J Pediatr Health Care. 2022 Mar-Apr;36(2):79-89. PMID: [34627667](#)

Authors propose a framework for the relationships between multiple sources of toxic stress, including the pandemic.



Perpetrators

Crookes RL, Tramontano C, Brown SJ, Walker K, Wright H.
Older Individuals Convicted of Sexual Offenses: A Literature Review.

Sex Abuse. 2022 Apr;34(3):341-371. PMID: [34176346](#)
 A research review of the topic of older individuals convicted of sexual offenses revealed multiple gaps in data. Approximately 8% of sexual offenders began to offend after age 50, with contributing factors unclear. This group tends to be unmarried, unemployed or retired at the time of offense, more highly educated, and more likely to offend against children known to them. Many other important variables important for prevention and intervention are unknown.

Mbilinyi LF, Neighbors C, Walker DD, et. al.
What's In It for Me? Motivating the Untreated Abuser to Consider Treatment.

J Fam Violence. 2022 Mar 4:1-14. PMID: [35261436](#)
 “This paper presents findings of a second trial evaluating telephone-based motivational enhancement therapy (MET) to motivate untreated and adjudicated men who abuse their intimate partners...Results supported the likely effectiveness of MET in short-term reduction of IPV behavior, marijuana use, and increasing motivation for treatment seeking particularly for participants who reported more adverse consequences of IPV to themselves. Findings emphasize the importance of including a focus in interventions on IPV's impact on the abusers themselves.”

Table 2 IPV Consequences Experienced by Perpetrator as Reported at Baseline

Consequence	n*	Prevalence** %
You felt bad about the way you treated your partner	138	97.1
You felt down	140	89.3
Your behavior frightened your partner	134	75.4
You worried about your partner leaving or threatening to get a divorce	138	73.9
You felt that you were losing respect for yourself	135	71.9
Your behavior scared you	137	70.1
You were distracted at work or school	132	62.9
You felt you were going crazy	138	61.6
You worried about what your behavior was doing to your children. (or children living in the home)	99	52.5
You worried about losing the respect of your friends and relatives	137	46.0
You caused shame or embarrassment to someone	137	38.7
Your work performance suffered	127	36.2
You were not able to do your regular activities around the house (such as cleaning or taking care of your children)	139	36.0
You worried that your behavior was going to be “exposed”	131	34.4
You worried that you were going to be arrested	138	33.3
A family member, friend or neighbor told you to “cut it out”—regarding your behavior	139	32.4
You worried that you were going to seriously injure your partner	136	23.5
You had a fight, argument or bad feelings with a family member	137	23.4
You missed a day (or part of a day) of school or work	134	23.1
A relative or friend avoided you	129	22.5
Your children or children in your home were afraid [of you]	96	20.8
You had a fight, argument or bad feelings with a friend	138	19.6
Your behavior interfered with seeing your children/visitations	103	16.5
You had injuries due to a fight with your partner	140	13.6
You worried about losing your job	129	7.8
You got arrested or in trouble with the law	140	3.6
You went to the hospital or to see a doctor due to a fight with your partner	141	3.5

Stansfield R, Semenza D, Napolitano L, et. al.

The Risk of Family Violence After Incarceration.

Trauma Violence Abuse. 2022 Apr;23(2):476-489. PMID: [32945244](#)

“We analyzed 26 studies that estimated any form of physical family violence after any family member had been incarcerated. Where reported, intimate partner violence occurs in almost a quarter of cases, although only four studies examine the prevalence of violence perpetrated against children by parents. Family violence history, weakened family support during incarceration, and substance use after release all emerged as persistent risk factors.”

Police and Court Systems

Stathis MJ, Marinakis MM.

Shadows into Light: The Potential Investigative Utility of Voice Analysis with Two Types of Online Child-Sex Predators.

J Child Sex Abus. 2022 Jan;31(1):51-72. PMID: [31900070](#)

“Over 390,000 child sexual abuse victims in the United States have not yet been identified...The current retrospective study examines an innovative, investigative method of voice stress analysis use...In the total sample of 82 arrestees with no known history of “hands-on” sexual offending, 0% initially admitted to sexually abusing at least one child. However, coinciding with voice stress analysis procedures, 40.2% of the suspect pool provided admissions to hands-on offenses. Also, 80.5% admitted to at least one sex crime offense... Critically, 87 previously undiscovered live victims were identified.”

Providers

Austin AE.

Screening for Traumatic Experiences in Health Care Settings: A Personal Perspective From a Trauma Survivor.

JAMA Intern Med. 2021 Jul 1;181(7):902-903. PMID: [33938929](#)

“‘Do you have a history of emotional, physical, and/or sexual abuse? If so, please describe.’ In my early 20s, I started checking “yes.” Checking this box was the first time I disclosed to anyone that I had been sexually abused as a child... For more than a decade, I have consistently indicated on screeners that I was sexually abused as a child. Not once have I received any form of follow-up...Disclosing this information was a significant moment in my life,

and the lack of follow-up reinforced my fears...A key tenet of public health and medical ethics is that screening without readily available and accessible evidence-based interventions, let alone a compassionate conversation, is unethical...it can retraumatize survivors and create hesitancy to seek help in the future.”

Finkelhor D, Berliner L.

Screening for Traumatic Childhood Experiences in Health Care Settings.

JAMA Intern Med. 2021 Jul 1;181(7):903-904. PMID: [33938931](#)

In an invited commentary to the article above, authors note the pitfalls and lack of evidence for outcomes and follow-up of screening, as well as more optimal approaches: It is less important to get details about the experience than to inquire about its possible implications for care and referral, for example, with an open-ended question such as, “What is it important for me as your health care professional to know about this?” Adequate discussion time may be needed...Patients with such histories may also have discomfort around certain aspects of medical care such as undressing, touch, and positioning and need to be given advanced warnings and options. In an ideal process, the infrastructure behind a fully comprehensive response would include training for health care professionals; having available informational resources such as pamphlets, videos, or websites; and the preplanning of a referral procedure.”

Adjognon OL, Brady JE, Gerber MR, et. al.

Getting Routine Intimate Partner Violence Screening Right: Implementation Strategies Used in Veterans Health Administration (VHA) Primary Care.

J Am Board Fam Med. 2021 Mar-Apr;34(2):346-356. PMID: [33833003](#)

“Evidence shows that effective IPV screening implementation in primary care requires a bundle of well-defined, carefully selected strategies.” From interviews with key informants from 11 VHA facilities, “We identified 8 implementation strategies. Three were present across all sites: (1) conduct ongoing IPV trainings, (2) conduct educational meetings and outreach visits, and (3) develop and distribute educational materials. Five strategies were unique to early adopting sites: (4) identify and prepare champions, (5) change record systems to remind clinicians, (6) create a learning collaborative through advisory boards or workgroups, (7) audit and provide feedback with relay of clinical data to providers, and (8) access new funding.”

Dichter ME, Ogden SN, Tuepker A, Iverson KM, True G.
Survivors' Input on Health Care-Connected Services for Intimate Partner Violence.

J Womens Health (Larchmt). 2021 Dec;30(12):1744-1750.
PMID: [33416430](#)

From interviews with 68 individuals who had experienced IPV, "Interviews revealed benefits of having health care-connected IPV services, including that the health care setting can be critical for providing information about IPV programs and that survivors may need assistance with navigation of community services. Survivors further highlighted recommendations for trauma-sensitive care that includes providing clarification about the role and scope of IPV services, following-up with but not forcing intervention, and ensuring privacy, confidentiality, and trust in interactions. Findings support health care settings having in-house or close partnership with IPV advocates to adequately support patients' needs."

Hinshaw SP, Nguyen PT, O'Grady SM, Rosenthal EA.
Annual Research Review: Attention-deficit/hyperactivity disorder in girls and women: underrepresentation, longitudinal processes, and key directions.

J Child Psychol Psychiatry. 2022 Apr;63(4):484-496. PMID: [34231220](#)

ADHD has been understudied in females. "Girls and women with ADHD show a predominance of inattention and associated internalizing problems; boys and men display greater levels of hyperactive-impulsive symptoms and associated externalizing problems...Females with ADHD experience particularly heightened risk for problems in close relationships [such as IPV and unplanned pregnancy] and engagement in self-harm...Clinicians may overlook symptoms and impairments in females because of less overt (but still impairing) symptom manifestations in girls and women and their frequent adoption of compensatory strategies."

Blickenstaff HR, Bastin TJ, Byram JN.
Exploring Resilience Factors in Medical Students with Adverse Childhood Experiences: a Pilot Study.

Acad Psychiatry. 2022 Apr;46(2):218-222. PMID: [34845708](#)
Of 1440 medical students invited to an online survey that included an ACE survey, 5% completed the ACE portion. Mean ACE score was 1.69, with 19% experiencing 4+ ACEs. Five students with 4+ ACEs agreed to interviews, and revealed 4 protective and resilience factors: non-parental support, role models, volunteering, and use of mental health services.

Prevention

Moon I, Han J.
Moderating Effects of Physical Activity on the Relationship between Adverse Childhood Experiences and Health-Related Quality of Life.

Int J Environ Res Public Health. 2022 Jan 7;19(2):668. PMID: [35055490](#)

From a survey of 127,370 adults from 17 states, "HRQOL [health-related quality of life] in adults is negatively associated with ACEs, but is positively associated with PA [physical activity]. We found buffering effects of PA in the following relationships: (1) child abuse and HRQOL, (2) child abuse and perceived physical health, (3) ACEs and perceived mental health, (4) child abuse and perceived mental health, and (5) household dysfunction and perceived mental health...improvement of PA level is a significant predictor of improved HRQOL of adults with ACEs."

Hornor G.
Child Maltreatment Prevention: Essentials for the Pediatric Nurse Practitioner.

J Pediatr Health Care. 2022 Mar-Apr;36(2):193-201. PMID: [34627666](#)

General, comprehensive, practical review article.

BOX 1. Child maltreatment prevention practice interventions

- Primary
 - Anticipatory guidance for parents/positive parenting
 - Screening for psychosocial risk factors
 - Anticipatory guidance for children
 - Early childhood education
- Secondary
 - Linking families with identified risk factors to community resources
 - Parental mental health concerns
 - Parental substance abuse concerns
 - Domestic violence
 - Parental history of child abuse/neglect
 - Homelessness
 - Food insecurity
 - Home visitation programs
 - Parenting training programs
- Tertiary
 - Identification of suspected child maltreatment
 - Reporting to child protective services and law enforcement
 - Linking with resources to prevent negative consequences from child maltreatment
 - Trauma-informed care
 - Multisystemic therapy for child abuse and neglect

Note. Lane (2014); Ashraf et al. (2020).

BOX 7. Questions to screen for emotional maltreatment

Parents

1. What kind of child is _____?
2. Are they easy to care for?
3. Tell me something good/positive about _____.
4. What is hard/difficult about _____?

Children

1. How are things at home? At your dad's?
2. How do you get along with mom/dad/stepdad/stepmom?
3. Tell me something you like to do with mom/dad/stepmom/stepdad.
4. Tell me something you like about mom/dad/stepmom/stepdad.
5. Tell me something you do not like about mom/dad/stepmom/stepdad.
6. Does anyone make you feel scared, sad, or dumb?

Note. *Honor* (2012).

Researchers

SmithBattle L, Loman DG, Yoo JH, Cibulka N, Rariden C.
Evidence for Revising the Adverse Childhood Experiences Screening Tool: a Scoping Review.

J Child Adolesc Trauma. 2021 May 6;15(1):89-103. PMID: [35222777](#)

From a research review, authors analyzed current knowledge for expanding ACE categories and for revising the formatting and scoring the ACE screening tool. "Exposure to community violence (ECV) was the most frequently added category (15), followed by economic hardship in childhood (EHC) (13); bullying (10); absence/death of parent or significant others (9); and discrimination (7). This evidence supports the expansion of ACE screening tools."

Lee N, Pigott TD, Watson A, et. al.

Childhood Polyvictimization and Associated Health Outcomes: A Systematic Scoping Review.

Trauma Violence Abuse. 2022 Feb 26;15248380211073847. PMID: [35220817](#)

In this research review, "There is a need to establish a valid polyvictimization construct that is consistently agreed upon in the research community. Findings summarize the specific health outcomes that can be targeted for further investigation and prevention efforts. Findings also suggest that the study of resilience and coping education for childhood polyvictims is sorely needed."

Other of Interest

Hoops K, Fahimi J, Khoeur L, et. al.

Consensus-Driven Priorities for Firearm Injury Education Among Medical Professionals.

Acad Med. 2022 Jan 1;97(1):93-104. PMID: [34232149](#)

A national group of experts created "the first national consensus guidelines on firearm injury education for medical professionals...include a set of learning objectives applicable to all contexts of firearm injury and all medical specialties, and levels of training," with 7 categories: 1 category of general priorities and 6 categories of specific contexts, including intimate partner violence, mass violence, officer-involved shootings, peer (non-partner) violence, suicide, and unintentional injury.

Vasan A, Mitchell HK, Fein JA, et. al.

Association of Neighborhood Gun Violence With Mental Health-Related Pediatric Emergency Department Utilization.

JAMA Pediatr. 2021 Dec 1;175(12):1244-1251. PMID: [34542562](#)

This cross-sectional study included 128,683 ED encounters for children aged 0 to 19 years living in 12 zip codes in Philadelphia, who presented to an urban academic pediatric ED 2014-2018. "After adjusting for age, sex, race and ethnicity, median household income, and insurance, children residing within one-eighth of a mile (2-3 blocks) of a shooting had greater odds of mental health-related ED presentations in the subsequent 14 days (adjusted odds ratio, 1.86), 30 days (aOR, 1.49), and 60 days (aOR, 1.35). Policies aimed at reducing children's exposure to neighborhood gun violence and mitigating the mental symptoms associated with gun violence exposure must be a public health priority."

Guerra E, Westlake BG.

Detecting child sexual abuse images: Traits of child sexual exploitation hosting and displaying websites.

Child Abuse Negl. 2021 Dec;122:105336. PMID: [34560400](#)

Authors note use of file and folder naming patterns to improve automated detection of websites hosting and/or displaying child sexual abuse images (CSAI). "Websites specialize in either hosting or displaying CSAI with only 20% doing both. Neither hosting nor displaying websites fear repercussions. Over 27% of CSAI were displayed in the home directory (i.e., main page) with only 6% located in at least 4th-level sub-folder. Websites focused more on organizing images than hiding them."