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Questions: Harise Stein, MD harise@stanford.edu

Child Abuse

Snyder CW, Kristiansen KO, Jensen AR, et al.

Defining pediatric trauma center resource utilization: Multidisciplinary consensus-based criteria from the Pediatric Trauma Society.

J Trauma Acute Care Surg. 2024 May 1;96(5):799-804. PMID: [37880842](#)

The Pediatric Trauma Society Research Committee consensus of experts identified 14 criteria for children requiring pediatric trauma center resources, which included “Had an evaluation and/or report (i.e., to child protective services) for suspected child abuse”. Need for such definitions is “an important step toward developing a criterion standard injury severity metric applicable to pediatric trauma triage”, useful in triage and transfer decisions.

Joskowicz K, Patwardhan UM, Floan GM, et al.

Evaluating Outcomes of Nonaccidental Trauma in Military Children.

J Am Coll Surg. 2024 May 1;238(5):801-807. PMID: [38372360](#)

Evaluating pediatric non-accidental trauma (NAT) at one Level 1 trauma center, “Among 535 patients, 11.8% (n = 63) were military-affiliated. The median age of military-associated patients, 3 months, was significantly younger than civilian patients, 7 months. Military-affiliated patients had a longer length of stay of 4 days vs 2 days, increased morbidity or complication, and a higher mortality rate (10% vs 4%). No significant difference was observed in the number of consults or injuries, trauma activation, or need for surgery...suggest military-affiliated patients experience more life-threatening NAT at a younger age.”

Baiden P, Graaf G, Okine L, LaBrenz C.

Association between Adverse Childhood Experiences and Unmet Health Care Needs among Children in the United States.

Soc Work Public Health. 2024;1-15. PMID: [38459692](#)

From a 2016-2017 national study of 46,081 children (51.3% males; average age 11.5 years), “Based on parent reports, about 3.5% of children had unmet health care needs, and half (50%) of the sample had experienced at least one childhood adversity.

Controlling for other factors, children who experienced three or more childhood adversities had 4.51 times higher odds of having unmet health care needs compared to those without adversity.”

Håkstad K, Fegran L, Hovden E, Köpp UMS.

Orofacial signs of child or adolescent maltreatment identified by dentists and dental hygienists.

Int J Paediatr Dent. 2024 May;34(3):285-301. PMID:

[38050876](#)

From a research review on orofacial signs of child maltreatment, “Though all child maltreatment types were identified in dental settings, physical abuse and dental neglect were most commonly identified. Reports of caries [cavities] dominated the orofacial signs, followed by bruises (intra- and extraoral), poor oral hygiene, dental trauma, and lacerations (intra- and extraoral).”

Corte-Real A, Almiro PA, Silva M, et al.

Oral health professional intervention and child physical abuse-European legal approach.

Forensic Sci Res. 2023;8(4):321-7. PMID: [38405624](#)

Authors analyze data from a Portuguese registry of abuse-related oral injuries, including gender, age groups, offender data, place of occurrence, etiology, localization, and type of injuries (orofacial and non-orofacial). Offender data included 76.7% as a single offender, usually a parent or other family member, and in 23.3% two or more offenders, usually in a school bullying context.

Yee R, Sim SY, Chow WH, Rajasegaran K, Hong CHL.

Munchausen syndrome by proxy: A narrative review and update for the dentist and other healthcare professionals.

Dent Traumatol. 2024 Mar;40 Suppl 2:23-32. PMID:

[38459657](#)

“This paper provides a narrative review of the current understanding of MSbP [Munchausen syndrome by proxy AKA medical child abuse] with a section on cases with oral findings.” Oral presentations were mainly various unusual ulcerations or bleeding, often found to be due to ingestion of corrosive household cleaning solutions.

Adkins S, Talmor N, White MH, Dutton C, O'Donoghue AL.
Association Between Restricted Abortion Access and Child Entries Into the Foster Care System.

JAMA Pediatr. 2024 Jan 1;178(1):37-44. PMID: [37930718](#)

“This study included 4 179 701 children who were placed into foster care. More than half of the children were male (51.4%), and the mean age was 7.4 years. There was an 11% increase in foster care placement after abortion access was restricted in states with TRAP [Targeted Regulation of Abortion Providers] laws, relative to states without TRAP laws. These laws had significant consequences for Black children and racial and ethnic minority children...Restricted abortion access can have numerous consequences, and these findings reveal a heightened strain on the US foster care system, particularly affecting marginalized racial and ethnic communities and financially vulnerable families. These placements have been shown to have lifelong consequences for children and substantial costs for both states and the federal government.”

Adult Manifestations of Child Abuse

Chauviré-Geib K, Fegert JM.

Victims of Technology-Assisted Child Sexual Abuse.

Trauma Violence Abuse. 2024;25(2):1335-48. PMID: [37313793](#)

This research review covers types of technology-assisted child sexual abuse, consequences to the victim, and recommendations for future research and policy.

Table 2. Critical Findings.

TA-CSA covers a range of different types including exposure to pornographic material as a minor, online grooming leading to sexual abuse online and/or offline, sexualized images, and the visual depiction of sexually explicit conduct.

Victims of TA-CSA are represented among all age ranges and gender, whereas the majority were female.

The impact of the abuse on the victims were mainly negative and can be categorised in emotional responses and psychological impact, medical and physical impact, and the impact on relationships and the social environment.

Note. TA-CSA = technology-assisted child sexual abuse.

Hosseini-Kamkar N, Varvani Farahani M, Nikolic M, et al.

Adverse Life Experiences and Brain Function: A Meta-Analysis of Functional Magnetic Resonance Imaging Findings.

JAMA Netw Open. 2023 Nov 1;6(11):e2340018. PMID: [37910106](#)

From a research review of brain scan studies on effects of adversity exposure, in adults, and mainly in those exposed to severe threat and trauma, the effects of adversity were in general to increase reactivity of the amygdala (emotional response), and to decrease the reactivity of the prefrontal cortex (thinking response). Authors also noted the importance of timing of adversity on brain response, as well as possible impact of PTSD. “These results might better identify how adversity diminishes the ability to cope with later stressors and produces enduring susceptibility to mental health problems.”

Thurston RC, Jakubowski K, Chang Y, et al.

Posttraumatic Stress Disorder Symptoms and Cardiovascular and Brain Health in Women.

JAMA Netw Open. 2023 Nov 1;6(11):e2341388. PMID: [37917057](#)

In this cross-sectional study of 274 midlife women, mean age 59.03 years, “greater PTSD symptoms were associated with higher carotid atherosclerosis and, among women who were APOEε4 carriers [gene that increases risk for dementia], greater brain small vessel disease and poorer cognitive performance. These findings point to the adverse implications of PTSD symptoms for cardiovascular and neurocognitive health among women in midlife, particularly for women who are APOEε4 carriers.

Pathak GA, Singh K, Choi KW, et al.

Genetic Liability to Posttraumatic Stress Disorder Symptoms and Its Association With Cardiometabolic and Respiratory Outcomes.

JAMA Psychiatry. 2024 Jan 1;81(1):34-44. PMID: [37910111](#)

From 4 biobanks with 496,317 individuals, mean age 56.8 years, genetic liability to PTSD across all 4 biobanks was strongly associated with circulatory and respiratory medical conditions.

Duchowny KA, Marcinek DJ, Mau T, et al.

Childhood adverse life events and skeletal muscle mitochondrial function.

Sci Adv. 2024;10(10):eadj6411. PMID: [38446898](#)

From a study of aging, (n = 879, 59% women, predominantly White and educated), an increasing number of adverse childhood events was associated with lower ATP production in skeletal muscle mitochondria. (Mitochondria are parts of cells that produce the power for the cell to function, in the form of ATP energy molecules.) “Findings indicate that mitochondrial function may be a mechanism for understanding how early social stress influences health in later life.”

Campbell KA.

Childhood trauma: a major risk factor in the military recruitment of young people.

BMJ military health. 2024;170(2):95-6. PMID: [35649690](#)

“In the face of overwhelming evidence that childhood adversity, up to and including adolescence, renders young people especially vulnerable to long-term alterations in brain structure and function, culminating in mental health problems and increased risk for suicide, it is particularly disturbing that the minimum age of enlistment into the British Armed Forces continues to be 16 years...The government, military leadership and some sections of the media present the Armed Forces as ‘a reliable route out of poverty for young people with a background of deprivation’. Nevertheless, those recruited from such backgrounds may already carry a considerable burden of long-term dysregulation of cognitive and affective functions...The most obvious mitigation of these effects...is to raise the minimum recruiting age to 18 years, to give young people under that age the opportunity to increase both their educational attainment level and their mental and physical maturity.”

Adolescents

Knipschild R, Hein I, Pieters S, et al.

Childhood adversity in a youth psychiatric population: prevalence and associated mental health problems.

European journal of psychotraumatology.

2024;15(1):2330880. PMID: [38530708](#)

Of 1373 Dutch youth aged 12-18 years who were referred to a mental health outpatient clinic, “69.1% reported having experienced at least one ACE and 17.1% indicated exposure to four or more ACEs...the most frequently reported ACEs were bullying (49.2%), emotional abuse (17.8%), physical abuse (12.2%), and sexual abuse (10.1%)...a higher number of ACEs was associated with significantly more self-reported general mental health problems, and a greater presence of two or more co-existing psychiatric diagnoses.”

Andresen JB, Graugaard C, Andersson M, et al.

Adverse childhood experiences, sexual risk-taking and non-consensual sexual experiences in a nationally representative study of 15-29-year-old Danes.

Child Abuse Negl. 2024;151:106720. PMID: [38471426](#)

In a Danish study of 13,132 15-29 year olds, “Statistically significant associations were observed between ACEs and multiple sexual risk-taking

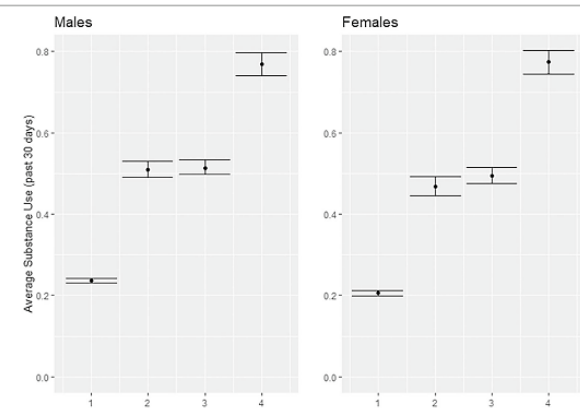
behaviors and non-consensual sexual experiences... Specifically, abuse was associated with having received payment for sex (women: adjusted odds ratio 5.38; men: aOR 2.11), with having paid for sex (men: aOR 1.88), and with having been the victim of a sexual assault after age 18 years (women: aOR 3.33).

Jayawardene W, Lohrmann D, Agle J, Jun M, Gassman R. Adverse Childhood Experience-Related Conditions and Substance Use in Adolescents: A Secondary Analysis of Cross-Sectional Survey Data.

J Sch Health. 2024 May;94(5):385-394. PMID: [38282025](#)

Using data from an Indiana youth survey with 70,703 students grades 6-12, and surveying 6 ACE questions clustered into home (parent incarcerated, people at home often insult or yell at each other, able to discuss personal problems with their parents) and school (hated being at school, felt unsafe at school, unable to talk to teachers one-on-one), students who reported ACEs in both clusters were at highest risk for substance use.

Figure 2. Average Substance Use by Sex and ACE-Related Class (N = 70,703)



1 = No-ACE, 2 = Family-Only, 3 = School-Only, 4 = Family-School.

Gupta T, Eckstrand KL, Forbes EE.

Annual Research Review: Puberty and the development of anhedonia - considering childhood adversity and inflammation.

J Child Psychol Psychiatry. 2024;65(4):459-80. PMID:

[38391011](#)

“Anhedonia, or diminished pleasure and motivation, is a symptom of severe mental illness (e.g., depressive disorder, bipolar disorder, schizophrenia) that emerges during adolescence. Anhedonia...is related to social impairments, treatment resistance, and suicide...This review takes a developmental perspective, considering the possibility that anhedonia emerges in the context of pubertal maturation and adolescent development, with childhood adversity and chronic inflammation influencing neural reward systems to accelerate anhedonia's progression.”

Finkelhor D, Sutton S, Turner H, Colburn D.

How Risky is Online Sexting by Minors?

J Child Sex Abus. 2024;33(2):169-82. PMID: [38459672](#)

From a US nationally representative sample of 2639 respondents aged 18-28 reporting about experiences before the age of 18, of whom 23% had engaged in sexting as minors, "Among those who sexted the rate of image abuse was 37%, a risk ratio of 13.2 compared to those who did not engage in sexting...Various harm reduction strategies may be needed to supplement messages about dangers and risks of sexting."

Domestic Violence – Effects on Children

Schulz ML, Wood CE, Fogarty A, et al.

Intimate partner violence exposure during infancy and social functioning in middle childhood: An Australian mother and child cohort study.

Child Dev. 2024 May-Jun;95(3):817-830. PMID: [37882462](#)

For 1507 Australian children and their mothers, "IPV during the first 12 months of life was associated with lower social skills, higher peer problems, and peer victimization at age 10 years, while accounting for concurrent IPV. This study provides evidence for the long-term impacts of early-life IPV exposure on children's social functioning, and the importance of prevention and early intervention programs."

Jagasia E, Bloom I, Nelson KE, Campbell J.

Early adolescent development in the face of violence: A systematic review running.

Child Abuse Negl. 2024;151:106751. PMID: [38531246](#)

Authors "synthesize existing research on the effects of violence exposure on early adolescent development (youth 9-14 years old)...Behaviorally, violence exposure posed significant effects on both internalizing and externalizing symptoms. Biologically, violence exposure was strongly associated with advanced epigenetic age, accelerated puberty, and insomnia. Neurologically, violence exposure had significant associations with both structural and functional differences in the developing brain. Socially, violence exposure was related to poor school engagement, peer aggression, and low social support...gaps presented should be addressed and implemented into clinical practice via evidence-based policies and procedures to ensure successful transition to adulthood."

Booth AT, Guest ZC, Vuong A, et al.

Child-Reported Family Violence: A Systematic Review of Available Instruments.

Trauma Violence Abuse. 2024;25(2):1661-79. PMID: [37646364](#)

From a research review of child-reported family violence (FV) instruments, authors identified "32 unique validated instruments. Results provide an up-to-date catalog of child self-report measures of FV, intended to benefit practitioners, services and researchers in selecting appropriate tools, and in understanding their suitability and limitations for different cohorts and practice goals. While just under half of the measures captured both exposure to inter-parental violence and direct victimization, none captured all three domains of exposure, victimization and perpetration together."

Domestic Violence – Physical Health

Iraola E, Menard JP, Baranne ML, et al.

Low uptake of gynecological consultation following domestic or sexual violence: A case-control study during pregnancy follow-up.

Eur J Obstet Gynecol Reprod Biol. 2024;296:215-20. PMID: [38471336](#)

Of 405 French pregnant women, "a history of IPV was associated with the absence of a gynecological consultation in the past two years (odds ratio 2.13). A history of sexual violence, regardless of age, was associated with the absence a gynecological consultation in the past two years (OR 1.92)."

Domestic Violence – Mental Health

Marsden S, Humphreys C, Hegarty K.

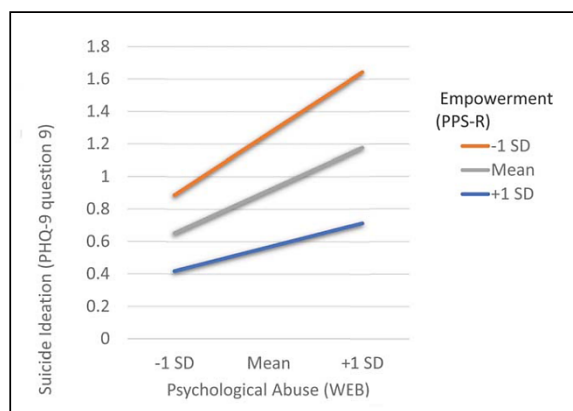
Whose Expertise Counts? Women Survivors' Experiences With Psychologists.

Violence Vict. 2024;39(1):71-87. PMID: [38453369](#)

"We interviewed 20 women survivors who had seen psychologists. Using reflexive thematic analysis, we constructed three themes: see all of me, see me for my expertise, and don't impose an agenda on me. We found that often psychologists acted as experts imposing their own agendas, rather than supporting survivors to make their own decisions."

Butter SE, Sabri B, Hanson GC, Campbell JC.
Empowerment Moderates the Relationship Between Partner Abuse and Suicidal Ideation for Immigrant Women.
 J Psychosoc Nurs Ment Health Serv. 2024;1-10. PMID: [38537108](#)

Of 293 immigrant women to the US experiencing IPV, 62.8% reporting suicidal ideation, with a significantly greater proportion of women from South America than elsewhere. Empowerment buffered the effect of IPV on suicidal ideation.”



Elder/Dependent Adult Abuse

Chang ES, Bloemen EM, Tietz S, et al.
ED/hospital program contributions to community multi-disciplinary team meetings: Different models.
 J Elder Abuse Negl. 2024;1-10. PMID: [38449107](#)

“Two hospitals in different communities recently launched Emergency Department (ED)/hospital-based response teams to consult in cases of potential elder mistreatment, and participate in community-based multidisciplinary teams (MDTs). We explored similarities and differences between the MDTs in these communities... demonstrates both core common features as well as large variations...[regarding] available resources and infrastructure, and the ED/hospital program's role.”

Georgoulis H, Beauregard E, Chopin J.
A Criminological Perspective on the Sexual Victimization of Older Adults.
 Curr Psychiatry Rep. 2024;26(3):53-9. PMID: [38349575](#)

“Comparative studies suggest that the motivations of people who sexually victimize older adults are vast and can include those that are sexually and anger motivated, while the victims present with unique vulnerabilities, such as disabilities and spending most of their time at home, that make

them more susceptible to excessive violence. People who commit sexual abuse against older adults are a heterogeneous group, and the context of victim vulnerabilities is key to understanding why they are targeted...sexual abuse committed against older adult victims is a unique crime, different from sexual crimes perpetrated against other populations, including children and younger adults.”

Giorgetti A, Pelletti G, Fiorentini C, et al.
On tackling abuse of older people: The forensic challenges in fatal cases investigation.

Leg Med (Tokyo). 2024;67:102398. PMID: [38237384](#)
 This review of fatal cases of elder abuse “showed that neglect was the most common type of abuse and victims are predominantly older women who are abused in a domestic setting by a trusted family member. To generate more and better data, expanded research in the forensic field requires standardized methods and the rise of professional awareness about abuse of older people.”

Sexual Assault

Kane D, Kennedy KM, Flood K, Eogan M.
Male patient attendances at Sexual Assault Treatment Units in Ireland: An analysis of 381 cases and a comparison with female patients.

J Forensic Leg Med. 2024;102:102643. PMID: [38224652](#)
 In a review from the Irish national sexual assault treatment network over a six-year period, “There were 381 male attendances with an average age of 28.5 years over the study period, representing 7 % of all sexual assault patients. There was a 24 % increase in male attendances during the study period. 39.1 % presented within 24 h of the assault. 61.9 % reported the crime to the police. Employment status included 37.3 % employed, 24.9 % unemployed, and 26.2 % students, with 86.7 % being Irish nationals. Most incidents occurred on weekdays (53.3 %) and at night (56.7 %). Referrals were primarily from police (55.9 %), and psychological support was provided in 62.3 % of cases. Alcohol (60.4 %) and illicit drugs (20.5 %) were reported before assaults. 18.6 % suspected drug-facilitated assaults. Male assailants constituted 90.1 %, with 13.9 % involving multiple assailants. Male attenders were significantly more likely than females to be assaulted in their assailant's home and to be assaulted by more than one assailant. They were significantly less likely than females to report the crime to the police.”

Petrecu VG, Burgess AW.

Long-Term Psychological and Physiological Effects of Male Sexual Trauma.

J Am Acad Psychiatry Law. 2024;52(1):23-32. PMID: [38467443](#)

For 47 adult men who were victims of sexual abuse by a physician at a higher education academic institution, "A primary finding was elevated rates of intimacy and sexual problems and erectile dysfunction, which started shortly after the abuse and persisted over time...there was an association between intimacy and sexual problems and difficulty maintaining employment, drug addiction, erectile dysfunction, and loss of meaningful and romantic relationships."

An S, Welch-Brewer C, Tadese H.

Scoping Review of Intimate Partner Violence Prevention Programs for Undergraduate College Students.

Trauma Violence Abuse. 2024;15248380241237201. PMID: [38533852](#)

From a research review, "IPV preventive interventions for college students were designed to address multilevel risk factors of IPV, typically via bystander interventions and emerging skill-building interventions...Student participants in the included studies were predominantly white (>60%) and only two studies included any Latinx students or students at historically Black colleges and universities. This review indicates that future IPV prevention practice, policy, and research must further define and explore...needs among diverse student subpopulations."

Monteith LL, Holder N, Iglesias CD, Holliday R.

Institutional Betrayal and Closeness Among Women Veteran Survivors of Military Sexual Trauma: Associations with Self-Directed Violence and Mental Health Symptoms.

J Trauma Dissociation. 2024;25(3):315-33. PMID: [36069509](#)

For 229 female veterans who screened positive for military sexual trauma, "Institutional betrayal was associated with increased odds of suicidal ideation and suicide attempt during or following military service, as well as more severe symptoms of depression and posttraumatic stress disorder."

"As the women subjected to sex trafficking have limited time in healthcare, it is important for healthcare providers to be attentive and act immediately if suspecting human trafficking for sexual exploitation." From interviews with 9 healthcare providers about their experiences with identifying and supporting patients who have been trafficked, "Three main categories were revealed: (1) the importance of being attentive, (2) the importance of providing safety, and (3) the importance of collaborating, followed by a number of subcategories: behavioral and physical signs, limited time to interact, security measures, value of confidence building, organizational collaboration, essential external network, and information transmission."

Casassa K, Ploss A, Karandikar S.

"He Loves Me Hard and Then He Abuses Me Hard": How Service Providers Define and Explain Trauma Bonds Among Sex Trafficking Survivors.

Violence Against Women. 2024;30(5):1354-77. PMID: [36798031](#)

Authors interviewed service providers working with survivors of sex trafficking on how they conceptualize and observe trauma bonding in their clients. "Two themes emerged: defining trauma bonding (with four subthemes: embracing intensity, power imbalance, distortion of love, and inescapability) and the development of trauma bonds (with three subthemes: universality, gendered, and grooming). These findings provide much-needed insight into the complexities of trauma bonding."

Mirza MU, Jiang C, Forde JJ, et al.

See Something, Say Something: Global Positioning System Tracker Foreign Body Ingestion as a Unique Presentation of Human Trafficking.

ACG Case Rep J. 2024;11(3):e01301. PMID: [38501036](#)

Case report of a 28 year-old female who was throwing up blood, and who had been forced to swallow 2 global positioning system trackers by her sex trafficking perpetrator 8 days prior. Trackers were surgically removed from her stomach with a scoping device.

Human Trafficking

Andersson M, Örmon K.

Healthcare providers' experience of identifying and caring for women subjected to sex trafficking: a qualitative study.

BMC Womens Health. 2024;24(1):149. PMID: [38424503](#)

LGBTQ Concerns

Oke MJ.

Improving the forensic genital examination for trans and gender diverse sexual assault complainants.

Int J Legal Med. 2024 May;138(3):899-909. PMID: [38040828](#)

Three case reports involving trans and gender diverse complainants of sexual assault were used to change an Australian sexual assault resource center's practice, which "included creating specific trans and gender diverse medical and forensic notes, improving clinician knowledge around trans and gender diverse genital examinations and genital injury profiles, creating an inclusive physical environment, improving trans and gender diverse patient knowledge around sexual assault services, and providing options for genital specimen collection."

Barboza-Salerno GE, Meshelemiah JCA.

Associations between early child adversity and lifetime suicide attempts among gender diverse individuals: A moderated mediation.

Child Abuse Negl. 2024;149:106705. PMID: [38422580](#)

From a national survey, "LSA [lifetime suicide attempt] was significantly more prevalent among transgender respondents (cisgender man = 5 %; cisgender woman = 9 %; transgender man = 42 %; transgender woman = 33 %; transgender non-binary = 37 %). Individuals with more ACEs had a greater risk of engaging in LSA regardless of gender identity; however...the impact of each additional ACE on LSA was stronger for individuals with transgender identities: the likelihood of engaging in LSA was statistically similar for transgender men with no ACEs and cisgender men with all 8 ACEs."

Race/Cultural Concerns

Anestis MD, Mocerri-Brooks J, Ziminski D, et al.

Firearm Access and Gun Violence Exposure Among American Indian or Alaska Native and Black Adults.

JAMA network open. 2024;7(3):e240073. PMID: [38436959](#)

"In this survey study of American Indian or Alaska Native and Black US adults, a substantial percentage of both groups reported living in homes with firearms, storing firearms loaded and unlocked, frequently carrying firearms outside the home, and having been exposed directly and indirectly to gun violence."

Rollman JE, Thomas M, Mercer Kollar LM, et al.

American Indian and Alaska Native violence prevention efforts: a systematic review, 1980 to 2018.

Injury epidemiology. 2024;8(Suppl 2):72. PMID: [38504377](#)

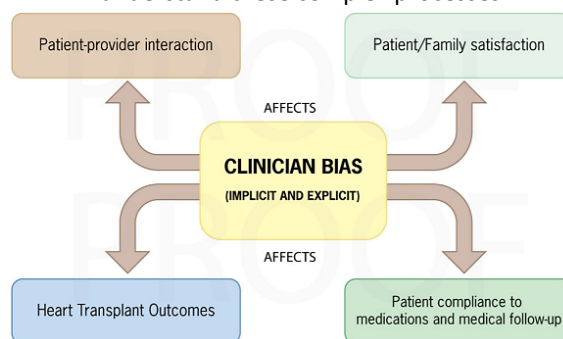
"This review identified many violence prevention strategies specific to AIAN populations. While programs developed in one tribe may not be completely generalizable to others, shared tribal risk and protective factors suggest programs could be successful across diverse communities...We included intervention-focused records targeting at least one violence topic area (child abuse/neglect, elder abuse, intimate partner violence, sexual violence, youth violence, and suicide) in a majority (> 50%) AIAN population."

Amdani S, Gossett JG, Chepp V, et al.

Review on clinician bias and its impact on racial and socioeconomic disparities in pediatric heart transplantation.

Pediatr Transplant. 2024;28(2):e14704. PMID: [38419391](#)

"This review breaks down the transplant decision-making process to highlight points at which implicit bias may affect outcomes, and discuss how the science of human decision making may help understand these complex processes."



Perpetrators

Kane D, Eogan M.

Female perpetrated sexual assault: a review of attendances to the national sexual assault treatment units in the Republic of Ireland.

Int J Legal Med. 2024 May;138(3):1157-1164. PMID: [38092893](#)

In a review from the Irish national sexual assault treatment network, 2% (95 cases) of sexual assault were perpetrated by a female – 62% solo female, 3.2% multiple female, and 34.7% mixed male and female assailants. 74.7% (n=71) of victims identified as female, 24.2% (n=23) as male and 1.1% (n=1) as 'other'. The average age of the victim was 27.0 years old. 30.5% (n=29) of incidents occurred in the assailant's home. 23% of assailants were described as a friend of the victim/survivor. 34.7% (n=33) of victims sustained bodily injuries (genital and/or extra-genital).

Jiménez Aceves J, Tarzia L.

Understanding the Perspectives and Experiences of Male Perpetrators of Sexual Violence Against Women.

Trauma Violence Abuse. 2024;15248380241241014. PMID: [38549440](#)

“We developed four major themes from our thematic analysis of the study findings that represent the experiences and perceptions of male perpetrators of sexual violence. These themes describe deflecting blame onto the victim, external circumstances as mitigating factors, or the perpetrator's uncontrollable biological urges. One theme involved some expression of remorse or acceptance of responsibility. Although our findings may have implications for prevention and rehabilitation programs, further research is urgently needed in this area.”

Jolley D, Mari S, Schrader T, Cookson D.

Sexism and Feminist Conspiracy Beliefs: Hostile Sexism Moderates the Link Between Feminist Conspiracy Beliefs and Rape Myth Acceptance.

Violence Against Women. 2024;10778012241234892. PMID: [38436146](#)

From two UK online surveys, higher levels of hostile sexism (overtly negative or misogynistic attitudes toward girls, women, or LGBTQ+ persons who challenge the status quo and legitimacy of male dominance in society) were associated with feminist conspiracy beliefs (hidden plotting for female supremacy) and rape myth acceptance (prejudicial, stereotyped, and false beliefs about sexual assaults, rapists, and rape victims which often serve to excuse sexual aggression, create hostility toward victims, and bias criminal prosecution).

O'Hanlon R, Altice FL, Lee RK, et al.

Misogynistic Extremism: A Scoping Review.

Trauma Violence Abuse. 2024;25(2):1219-34. PMID: [37272372](#)

“Misogynistic extremism is most frequently conceptualized in the context of misogynistic incels [involuntarily celibate], male supremacism, far-right extremism, terrorism, and the black pill ideology [refers to the oppression of incels at the hands of biologically malevolent women]. Policy recommendations include increased education among law enforcement and Countering and Preventing Violent Extremism experts on male supremacist violence, and encouraging legal and educational mechanisms to bolster gender equality. Violence stemming from misogynistic worldviews must be addressed by directly acknowledging and challenging socially embedded systems of oppression.”

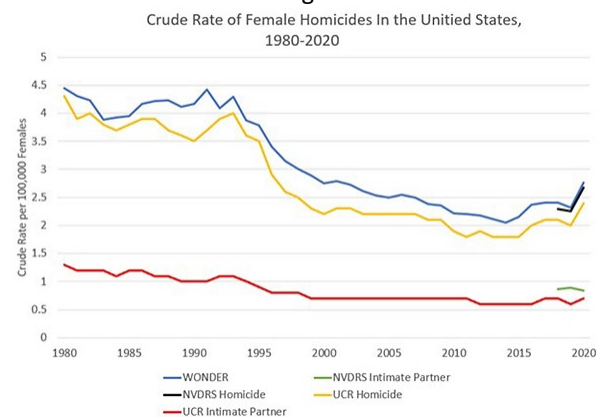
Police and Court Systems

Lewis PC, Kaslow NJ, Cheong YF, Evans DP, Yount KM.

Femicide in the United States: a call for legal codification and national surveillance.

Frontiers in public health. 2024;12:1338548. PMID: [38481840](#)

“Femicide refers to the intentional gender-related killing of women and girls. Despite the high prevalence of female murder victimization in the United States, the U.S. lags behind other nations in defining and documenting gender-related female homicides...Here, we position femicide as a preventable death that should be treated as a social and public health problem and a distinct form of homicide in the legal code.”



Jetson J, Maioli H, Harruff RC, Jackson NR.

From intimate partners to serial killers: Nearly 40 years of female homicides in King County, Washington (1978-2016).

J Forensic Sci. 2024 May;69(3):932-943. PMID: [38314613](#)

Using data from Washington State on female homicide victims, “female victims commonly knew their assailant(s) (79.3%) who were overwhelmingly male (92.8%) and commonly intimate partners (31.4%). Disproportionately represented were Black (20.17%) and Native American (4.25%) females; Asian/Pacific Islander (2.5 times that of Whites) and elderly (24%) females among homicide-suicide deaths. “Domestic violence” was the most cited motive (34.3%) and most assaults occurred in a residence (58.73%). Females under 10 years of age were most commonly killed by a parent or caregiver (42.86%), while those over 70 were most likely to be killed by a child (23.08%) or spouse (21.80%). Serial murders...accounted for at least 7% of deaths, with victims notably young and commonly sex workers (68%). As compared to males, females were more likely to be killed by multiple modalities, asphyxia, and sharp force, though IPV-related deaths were more likely to be associated with firearms.”

Parekh VR, McMinn J, Brkic A, et al.

Men after the sexual assault: The journey from medical service to court.

J Forensic Leg Med. 2024;103:102676. PMID: [38522118](#)

Of 138 Australian adult males who presented for forensic and medical sexual assault care from initial presentation to Police investigation, “Many adult male patients presented within timeframes that enabled the provision of time critical medical care [74.6% presented within 72 hours] and provided an opportunity for forensic medical evidence collection...Attrition occurred throughout the patient journey with many males not reporting to police and thus not presenting in the legal process.” These 138 cases resulted in only 5 convictions. “This further emphasises the need for independent sexual violence patient advisors to support adult male victims through the medical and criminal justice process.”

Lee SC, Babchishin KM, Mularczyk KP, Hanson RK.

Dynamic Risk Scales Degrade Over Time: Evidence for Reassessments.

Assessment. 2024;31(3):698-714. PMID: [37264628](#)

“Risk tools containing dynamic (potentially changeable) factors are routinely used to evaluate the recidivism risk of justice-involved individuals. Although frequent reassessments are recommended, there is little research on how the predictive accuracy of dynamic risk assessments changes over time...For all outcomes (sexual, violent, and any recidivism [including technical violations]), reassessments improved predictive accuracy...Based on these results, we recommend that ACUTE-2007 assessments occur at least every 30 days and that the STABLE-2007 assessments occur every 6 months or after significant life changes (e.g., successful completion of treatment).”

Caballé-Pérez M, Santos-Hermoso J, López-Ossorio JJ, et al.

Risk Factors for Multiple Violations of Protective Orders in Intimate Partner Violence Against Women.

Violence Vict. 2024;39(1):21-37. PMID: [38453372](#)

For 1134 Spanish cases of IPV against women with violations of protective orders during a 15 month monitoring period, “early violation, serious physical violence, death threats, as well as jealousy, harassment, and control are related to multiple violations. This article discusses the results in comparison with other research and proposes measures to avoid revictimizations.”

Scott SE, Jenkins G, Mickiewicz E, et al.

Creating Healing-Centered Spaces for Intimate Partner Violence Survivors in the Postpartum Unit: Examining Current Practices and Desired Resources Among Health Care Providers and Postpartum People.

J Womens Health (Larchmt). 2024 Feb;33(2):204-217. PMID: [37971822](#)

“While HCPs [healthcare providers] reported using a variety of practices to support survivors, postpartum people reported that they did not recall receiving resources or education related to IPV while in the inpatient postpartum unit. While HCPs identified a need for screening and disclosure-driven resource provision, postpartum people identified a need for universal IPV resource provision...The inpatient postpartum unit is a promising setting to implement an intervention to support IPV survivors and their infants.”

Levin L, Bhatti C.

The role of dental professionals in identifying, reporting, and supporting domestic violence victims.

Dent Traumatol. 2024 Mar;40 Suppl 2:3-9. PMID: [37840419](#)

“Dental professionals play a crucial role in detecting signs of domestic violence by closely examining the head and neck region and the oral cavity during routine examinations. The significance of approaching patients suspected of experiencing domestic violence with sensitivity and empathy is of utmost importance. Recommendations include establishing trust, maintaining confidentiality, using open-ended questions, and providing information about local resources...Challenges faced by dental professionals in reporting and intervening are discussed, emphasizing the importance of collaboration with other healthcare professionals and support services.”

Liu CC, McIntire E, Ling J, Sullivan K, Ng T, Kaur L, Sender J.

Teaching Social Determinants of Health in Nursing Programs: An Integrative Review of Strategies and Effectiveness.

Nurse Educ. 2024 May-Jun 01;49(3):E126-E130. PMID: [37815309](#)

“Incorporating social determinants of health (SDoH) into clinical decision-making can clarify disease causes, enhance care planning, and improve health outcomes. Nurse educators should know which strategies are most effective for teaching SDoH in bachelor of science in nursing (BSN) programs...The curriculum method, service learning, and international outreach experiences were frequently used teaching strategies.” Authors note need for more quantitative evaluations of teaching effectiveness.

Providers

Assaf RR, Dolce M, Garg A.

Sustainably Implementing Social Determinants of Health Interventions in the Pediatric Emergency Department.

JAMA Pediatr. 2024 Jan 1;178(1):9-10. PMID: [37983050](#)

“The ED is a robust, highly protocolized environment treating ever-increasing volumes of children, including those most marginalized in our society. It can and should sustainably integrate social care with routine medical care...With diligent, collaborative planning, the ED can play a key role in health-related social needs assistance that coordinates and de-silo’s efforts with other clinical settings in a health care system to achieve a greater societal and equitable good.”

Alvarado G, McBain R, Chen P, et al.

Clinician and Staff Perspectives on Implementing Adverse Childhood Experience (ACE) Screening in Los Angeles County Pediatric Clinics.

Ann Fam Med. 2023 Sep-Oct;21(5):416-423. PMID: [37748912](#)

In focus group discussions on ACE screening, including frontline staff that administer the screening, medical clinicians that use screening to counsel patients and make referrals, and psychosocial support staff who may receive referrals, “Regarding screening acceptability and perceived utility, clinicians generally considered ACE screening to be acceptable and useful. In terms of implementation and quality improvement, significant barriers included: insufficient time for screening and response, insufficient training, and lack of clarity about referral networks and resources that could be offered to patients. Lastly, regarding effects of screening, clinicians expressed that ACE screening helped elicit important patient information and build trust with patients. Further, no adverse events were reported from screening. Clinic staff felt ACE screening was feasible, acceptable, and beneficial within pediatric care settings to improve trauma-informed care.”

Negriff S, Sidell MA, DiGangi MJ.

Adverse childhood experiences screening in healthcare settings: A focus on pediatric primary care.

Child Abuse Negl. 2024;106709. PMID: [38418328](#)

Authors from the Southern California Kaiser system have gathered “data on the tailored screening and referral workflows we have developed, rates of positive screens and referrals, and how the initiation of ACEs screening may affect the rates of visit to behavioral health as a treatment option. We also integrate qualitative data to demonstrate the perspective of parents, with the goal of understanding what might help or hinder receipt of behavioral health treatment after ACEs screening.

We close with future directions for ACEs screening in healthcare settings and considerations for pediatric healthcare providers who may want to begin ACEs screening or adapt their screening and referral processes.”

Scott BB, Kelley L, Schilling S.

Skills Training for Family Medicine Residents to Attenuate the Impact of Childhood Trauma: A Pilot Study.

Fam Med. 2024;56(3):180-4. PMID: [38467035](#)

“Two factors that can mitigate negative outcomes of developmental traumatic stress include relational health care and healthy parental relationships... After being instructed in best practices in trauma-informed pediatric interactions...Residents demonstrated knowledge and skills gains that denoted their ability to interact with patients and coach parents in evidence-based ways that can mitigate the impact of childhood trauma exposure.”

Castellanos S, Cooke A, Koenders S, et al.

Accounting for the interplay of interpersonal and structural trauma in the treatment of chronic non-cancer pain, opioid use disorder, and mental health in urban safety-net primary care clinics.

SSM Ment Health. 2023 Nov 15;4:100243. PMID: [38464953](#)

Authors describe a survey and then 4 patient case histories of patients seen in a safety-net clinic with non-cancer chronic pain and opioid use, with interpersonal trauma experiences of IPV, sexual assault, and physical and emotional abuse, and the layers of difficulties faced by the patients and their healthcare professionals. “Our knowledge of trauma and TIC must evolve from exclusively examining the impact of interpersonal traumas to developing and evaluating care practices that dismantle structural barriers to successfully recognize and address the multiple layers of pain patients’ experiences.”

Prevention

Barry MJ, Nicholson WK, Silverstein M, et al.

Primary Care Interventions to Prevent Child Maltreatment: US Preventive Services Task Force Recommendation Statement.

Jama. 2024;331(11):951-8. PMID: [38502069](#)

“The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of primary care interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs or symptoms of or known exposure to maltreatment.”

Schilling S, Wood JN, Christian CW.

Struggling to Stem the Tide of Child Maltreatment.

Jama. 2024;331(11):918-9. PMID: [38502084](#)

This editorial discusses the recent USPSTF research review finding that there is insufficient evidence to recommend primary care interventions to prevent child maltreatment. Authors note that “The insufficient evidence on which to base a recommendation found by the USPSTF does not mean that primary care child maltreatment prevention efforts are ineffective, only that the evidence is lacking”. They also note other issues with the review. “To all our primary care colleagues, know this: while additional evidence is amassed, do not stop your ongoing efforts to protect vulnerable children.”

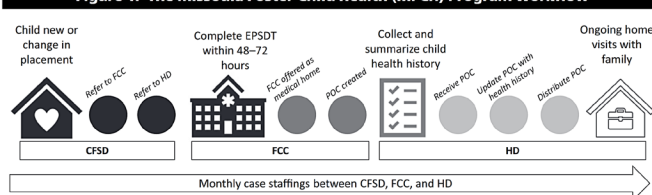
Espeleta HC, Schelbe L, Ruggiero KJ, Klika JB.

Initial Health Outcomes of a Community-Based Collaboration for Children in Foster Care.

Health Soc Work. 2024;49(1):25-33. PMID: [38148103](#)

This study evaluated the Missoula Foster Child Health Program, a tri-agency, community-based collaboration in Montana. Of 485 children in foster care (50 percent male, aged 0-18), “at program admission, children had unmet service needs, lacking a primary care provider (30 percent), a dental provider (58 percent), and required vaccinations (33 percent). Three-quarters of children had at least one health condition, and one-third had a behavioral health concern. Overall, children in the program had significant decreases in physical and behavioral health problems from admission to discharge...Data are promising, representing positive health outcomes of a community-based model for children in care.”

Figure 1: The Missoula Foster Child Health (MFCH) Program Workflow



Notes: FCC = foster care clinic; CFSD = Child and Family Services Division; HD = Missoula City-County Health Department; EPSDT = Medicaid Early and Periodic Screening, Diagnostic, and Treatment Exam; POC = plan of care.

Taft CT, Rothman EF, Gallagher MW, et al.

Examining strength at home couples to prevent intimate partner violence on a military installation: A randomized controlled trial.

J Consult Clin Psychol. 2024 Apr;92(4):202-212. PMID: [38206858](#)

Participants included 138 couples at a military installation in a controlled trial randomized to Strength at Home Couples (SAH-C) and Supportive

Prevention (SP). “Service members randomized to SAH-C evidenced greater reductions based on effect sizes across the assessment time points for all IPV variables, including use of overall physical IPV, severe physical IPV, sexual IPV, psychological IPV, and coercive control IPV relative to those randomized to SP. Partners of service members demonstrated a similar general pattern for reductions in use of IPV, but findings were not as robust as for service members. Both service members and partners demonstrated greater reductions in suicidality.”

Researchers

Marryat L, Stephen J, Mok J, Vincent S, Kirk C, Logie L, et al.

Data resource profile: the Edinburgh Child Protection Dataset - a new linked administrative data source of children referred to Child Protection paediatric services in Edinburgh, Scotland.

Int J Popul Data Sci. 2023;8(3):2173. PMID: [38425374](#)

“The objective of this project was to create a linkable population level dataset, The Edinburgh Child Protection Dataset (ECPD), comprising all children referred to the Edinburgh Child Protection Paediatric healthcare team due to a concern about their welfare...The paper presents the process for creating the dataset...It is hoped that by making these data available to researchers, and able to be easily linked with both mother and child current and future health records, evidence will be created to better support maltreated children and monitor changes over time.”

Barger SD, Oláis JA.

Partitioning the Composition of Adverse Childhood Experiences From Accumulated Adversity: Cross-Sectional Evidence From 2 U.S. Samples.

AJPM Focus. 2024;3(2):100192. PMID: [38419615](#)

“This study evaluates whether individual and comorbid adverse childhood experience exposures within a cumulative risk score are equally associated with current smoking and lifetime history of depression.” Authors found that type of ACE was more important than # of ACEs. For example, smoking prevalence was 10.4% for persons reporting zero ACEs, and 14.2% for 1 ACE; however, when that 1 ACE was parental divorce, smoking was 16.6%, verbal abuse 11.8%, or living with a mentally ill household member 9.5%. “Cumulative ACE scores mask substantial health risk heterogeneity, which can be delineated by examining distinct components of cumulative ACEs.”

Other of Interest

Novak A, Semenza D, Gutman C, et al.

Adverse Childhood Experiences and Trajectories of Firearm Exposure in Childhood.

J Pediatr. 2024;114008. PMID: [38479639](#)

From a national study, “ACEs exposure in early childhood is associated with persistently-high exposure to firearms from early to middle childhood. [Over 2 times higher firearm exposure if 4+ ACEs vs. 0 ACEs.] This finding highlights the need for pediatricians to consider screening for both ACEs and firearm exposure in routine examinations, as well as the need for future research to identify and evaluate interventions intended to address exposure to adversity and firearms.”

Hoffmann JA, Carter CP, Olsen CS, et al.

Pediatric Firearm Injury Emergency Department Visits From 2017 to 2022: A Multicenter Study.

Pediatrics. 2023 Dec 1;152(6):e2023063129. PMID: [37927086](#)

Using pediatric ED firearm injury data from 9 US hospitals, “We identified 1904 firearm injury ED visits (52.3% 15-17 years old, 80.0% male, 63.5% non-Hispanic Black), with 694 pre-pandemic visits and 1210 visits during the pandemic. Death in the ED/hospital increased from 3.1% pre-pandemic to 6.1% during the pandemic. Firearm injury visits per 30 days increased from 18.0 pre-pandemic to 36.1 during the pandemic (Relative risk 2.09). Increases beyond expected rates were seen for 10- to 14-year-olds (RR 2.61), females (RR 2.46), males (RR 2.00), Hispanic children (RR 2.30), and Black non-Hispanic children (RR 1.88).

Klein BR, Trowbridge J, Schnell C, Lewis K.

Characteristics and Obtainment Methods of Firearms Used in Adolescent School Shootings.

JAMA Pediatr. 2024 Jan 1;178(1):73-79. PMID: [38010716](#)

Authors analyze 253 school shootings executed by 262 adolescents (mean age 16.2 years, 97.8% male) in the US from January 1, 1990, to December 31, 2016. “Handguns were the most used weapon in school shootings (85.5%)...Adolescents mainly obtained their guns from relatives (41.8%), friends or acquaintances (22.0%), the illegal market (29.6%), strangers or persons who were shot (4.7%), or licensed dealers (1.9%). Most firearms were procured via theft from relatives (82.1%)...These findings may significantly influence discussions around gun control policy, particularly in advocating for secure firearm storage to reduce adolescents' access to weapons.”

Magee LA, Ortiz D, Adams ZW, et al.

Engagement With Mental Health Services Among Survivors of Firearm Injury.

JAMA Netw Open. 2023 Oct 2;6(10):e2340246. PMID: [37902754](#)

18 Indianapolis participants (17 Black, 16 male, and 14 aged between 13 and 24 years) who survived a firearm injury were interviewed. “Survivors described family members, friends, and informal networks as their main source of emotional support. Barriers to mental health care utilization were perceived as a lack of benefit to services, distrust in practitioners, and fear of stigma. Credible messengers served as facilitators to mental health care. Survivors also described the emotional impact their shooting had on their families, particularly mothers, partners, and children...findings illustrated the consequences of stigma and fear when seeking mental health care, inadequate trusted resources, and the need for awareness of and access to mental health resources for family members and communities most impacted by firearm injury.”

Abba-Aji M, Abdalla SM, Moreland A, et al.

Prevalence and risk factors of depression in U.S. adults post mass shootings: evidence from population-based surveys of multiple communities.

Public Health. 2024 May 16;232:93-99. PMID: [38759473](#)

“Data were collected from six communities affected by MVIs [mass violence incidents] involving firearms that occurred between 2015 and 2020. Participants were randomly selected through address-based sampling...Our study reveals a high burden of depression within communities affected by MVIs involving firearm use. Persons with high exposure to the MVIs [adjusted relative risk [aRR] = 1.32] and certain demographic groups had greater risks for MDE [being aged 18-29 years (aRR = 2.52), being a woman (aRR = 1.58), having low social support (aRR = 1.80), and experiencing past sexual or physical trauma (aRR = 2.20)]. These findings highlight the long-term mental health burden in communities affected by MVIs and underscore the necessity of providing mental health services in its aftermath.”

(Note overall national prevalence of depression is ~9.2%.)

