

## **MEDICAL RESEARCH SUMMARY ON ABUSE FOR SANTA CLARA COUNTY DOMESTIC VIOLENCE COUNCIL JUNE 2011**

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

### **Child Abuse**

Haney SB, Starling SP, Heisler KW, Okwara L.

#### **Characteristics of falls and risk of injury in children younger than 2 years.**

Pediatr Emerg Care. 2010 Dec;26(12):914-8. PMID: 21088634

Using retrospective information from 307 parents about falls their children had sustained prior to age 2, short falls rarely caused injury, with fall height and ground surface significant predictors of injury risk. Authors state that a "history of a short fall in a seriously injured child should raise the suspicion of child abuse."

Criddle L.

#### **Monsters in the closet: Munchausen syndrome by proxy.**

Crit Care Nurse. 2010 Dec;30(6):46-55; quiz 56. PMID: 21123232

Comprehensive review article on Munchausen syndrome by proxy "MSbP perpetrators are motivated to interact with health care providers to satisfy their own insatiable need for positive attention; abusers are willing to hurt their child in order to meet this emotional need."

Oliveira PH, Silva B, Oliveira AH, Figueiredo C.

#### **Acute pancreatitis and child sexual abuse.**

Acta Paediatr. 2011 Jan;100(1):138-40. PMID: 20712841

Case report from Portugal of acute pancreatitis in a sexually assaulted 8 year old girl. Blunt abdominal trauma is the cause of 33% of pediatric pancreatitis (usually from seat belts or bicycle handlebars), but authors remind practitioners that abdominal trauma, the second leading cause of child abuse deaths, can be difficult to diagnose and needs a high index of suspicion.

### **Adult Manifestations of Child Abuse**

Boynton-Jarrett R, Rich-Edwards JW, Jun HJ, Hibert EN, Wright RJ.

#### **Abuse in childhood and risk of uterine leiomyoma: the role of emotional support in biologic resilience.**

Epidemiology. 2011 Jan;22(1):6-14. PMID: 21068667

In an analysis of 68,505 women enrolled in the Nurses' Health Study II, there was a graded dose/response relationship between cumulative child abuse and risk of having uterine fibroids (common, non-cancerous growths of the womb). An accompanying editorial details possible epidemiological as well as physiological mechanisms for this association.

Kessler RC, McLaughlin KA, Green JG, et al.

#### **Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys.**

Br J Psychiatry. 2010 Nov;197:378-85. PMID: 21037215

In a World Health Organization study of mental health in almost 52,000 individuals from 21 countries, incidence of child adversities were consistent across high (38.4%), high-middle (38.9%) and low-middle (39.1%) income countries. Child adversities were more frequently found in clusters, and significantly correlated with subsequent mental health diagnoses.

Patrick V, Critchfield E, Vaccaro T, Campbell J.

#### **The relationship of childhood abuse and early separation from the military among Army advanced individual trainees.**

Mil Med. 2011 Feb;176(2):182-5. PMID: 21366081

In an analysis of 547 male and female soldiers seen in a behavioral health clinic in Texas, 29.5% of males and 55.8% of females had a history of child maltreatment. Forty percent of the total group was eventually discharged without completing training, and of those discharged there was a highly significant relationship to prior child abuse.

Raphael KG, Widom CS.

**Post-traumatic stress disorder moderates the relation between documented childhood victimization and pain 30 years later.**

Pain. 2011 Jan;152(1):163-9. PMID: 21050659

In this study of 458 people with documented child abuse/neglect plus a matched control group, both followed for 30 years, those with a history of both child abuse/neglect and PTSD were at significantly increased risk of a pain disorder in adulthood.

Khoury L, Tang YL, Bradley B, Cubells JF, Ressler KJ.

**Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population.** Depress Anxiety. 2010 Dec;27(12):1077-86. PMID: 21049532

The relationship between PTSD and substance use disorders has been established in groups of veterans and patients in substance treatment programs. This study of 587 participants from medical and ob/gyn clinics in Atlanta showed high rates of substance abuse (39% alcohol, 34.1% cocaine, 6.2% heroin, and 44.8% marijuana). There was a strong correlation with a history of childhood maltreatment and substance abuse, particularly for cocaine. Both childhood abuse and substance abuse were significantly associated with PTSD.

Walker EC, Sheffield R, Larson JH, Holman TB.

**Contempt and defensiveness in couple relationships related to childhood sexual abuse histories for self and partner.**

J Marital Fam Ther. 2011 Jan;37(1):37-50. PMID: 21198687

In an analysis of relationship evaluations for 10,061 couples, a history of childhood sexual abuse for either or both partners was significantly associated with contempt and defensiveness in their relationship.

Daniels JK, Frewen P, McKinnon MC, Lanius RA.

**Default mode alterations in posttraumatic stress disorder related to early-life trauma: a developmental perspective.**

J Psychiatry Neurosci. 2011 Jan;36(1):56-9. PMID: 20964955

This article discusses the emerging concept of “default mode network” (DMN), which is the state of brain activity and connections when the brain isn’t engaged in any particular task. This pattern evolves as we mature. New research possibly suggests that adults with PTSD from severe childhood abuse have a DMN pattern similar to a 7-9 year old child.

Tomoda A, Sheu YS, Rabi K, Suzuki H, Navalta CP, Polcari A, Teicher MH.

**Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus.**

Neuroimage. 2011 Jan;54 Suppl 1:S280-6. PMID: 20483374

In a brain scan study of 21 subjects aged 18-25 with histories of parental verbal aggression (PVA) during childhood and 19 matched controls, those with a history of PVA had a 14.1% increase in volume of the grey matter of the superior temporal gyrus. This area of the brain is associated with processing of sound, speech and language, and possibly recognition of facial emotion.

**Domestic Violence – Physical Health**

Miller E, Decker MR, Raj A, Reed E, Marable D, Silverman JG.

**Intimate partner violence and health care-seeking patterns among female users of urban adolescent clinics.**

Matern Child Health J. 2010 Nov;14(6):910-7. PMID: 19760162

From a self-administered, anonymous, computerized survey of 448 females aged 14-20 years seeking care in urban adolescent clinics, 40% had experienced IPV, including 32% physical and 21% sexual abuse. Prevalence was equally high for those clinic visits for reproductive health care as for other medical reasons. Experience of IPV was associated with both poor current health status and having foregone care in the past year. Only 30% reported ever having been screened for IPV in a medical setting.

Rauer AJ, Kelly RJ, Buckhalt JA, El-Sheikh M.

**Sleeping with one eye open: marital abuse as an antecedent of poor sleep.**

J Fam Psychol. 2010 Dec;24(6):667-77. PMID: 21171765

Using a community sample of 241 married couples followed for two years, and adjusting for anxiety and depression, psychological abuse was a predictor of both men’s and women’s sleep disturbances.

## **Elder/Dependent Adult Abuse**

Karch D, Nunn KC.

### **Characteristics of elderly and other vulnerable adult victims of homicide by a caregiver: national violent death reporting system—17 U.S. states, 2003-2007.**

J Interpers Violence. 2011 Jan;26(1):137-57. PMID: 20442452

In an analysis of homicides of dependent elderly and nonelderly adults by their caregivers from the National Violent Death Reporting System between 2003 and 2007, 48.5% of victims were aged 80 or older, 63.2% were women, and 92.6% were killed in their homes. Twenty-five percent died through intentional neglect. “Many homicide by caregiver incidents are precipitated by physical illness of the victim or caregiver, opportunity for perpetrator financial gain, mental illness of the caregiver, substance use by the caregiver, or an impending crisis in the life of the caregiver not related to illness.”

Nazir T, Thomson AM.

### **Domestic violence and mistreatment in patients with parkinsonism: Case reports, mechanisms, and discussion.**

Mov Disord. 2011 Mar;26(4):757-8. PMID: 21506158

Letter to the editor reports on two cases of DV in Parkinson’s patients – “Their physical disability creates both vulnerability and an excuse for the perpetrator of abuse. Patients with cognitive impairment, psychosis, or dementia are also of concern. They may not have the cognitive abilities or resources to identify and manage abuse.”

## **Perpetrators**

Lee SJ, Perron BE, Taylor CA, Guterman NB.

### **Paternal psychosocial characteristics and corporal punishment of their 3-year-old children.**

J Interpers Violence. 2011 Jan;26(1):71-87. PMID: 20522884

In a study of 2309 biological fathers in the Fragile Families and Child Well-Being Study, the use of corporal punishment of 3 year old children was associated with paternal parenting stress, major depression (but not anxiety), heavy alcohol use and drug use.

Catlett BS, Toews ML, Walilko V.

### **Men's gendered constructions of intimate partner violence as predictors of court-mandated batterer treatment drop out.**

Am J Community Psychol. 2010 Mar;45(1-2):107-23. PMID: 20087762

In this study of 154 men enrolled in a court ordered batterer treatment program, “men who were lower income, no longer intimately involved with the women they abused, and who reported lower levels of physical violence and higher levels of hostility were more likely to drop out of the program.”

Roberts AL, McLaughlin KA, Conron KJ, Koenen KC.

### **Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence.**

Am J Prev Med. 2011 Feb;40(2):128-38. PMID: 21238860

In analysis of data from 34,653 participants from a national behavioral health study, for both men and women a history of high level childhood adversity was associated with susceptibility to present day stress, and led to increased rates of IPV perpetration.

## **Police and Court System**

Cerulli C, Gellman RA, Nichols C, Hall D, Conner KR, Caine ED.

### **Mental and physical health symptoms of family court intimate partner violence petitioners.**

Int J Law Psychiatry. 2011 Mar-Apr;34(2):94-8. PMID: 21458070

Survey results from 95 female petitioners at a New York DV intensive intervention court revealed “decreased mental health and social functioning as well as strong willingness to utilize court-based mental health services if offered.”

Simon LM, Ellwanger SJ, Haggerty J.

### **Reversing the historical tide of iatrogenic harm: A therapeutic jurisprudence analysis of increases in arrests of domestic batterers and rapists.**

Int J Law Psychiatry. 2010 Nov-Dec;33(5-6):306-20. PMID: 21062667

Article discusses therapeutic jurisprudence (“law is a social force that can heal or cause harm to parties in a legal action”) with regard to DV in comparison to other types of crime.

Zeoli AM, Norris A, Brenner H.

**Mandatory, preferred, or discretionary: how the classification of domestic violence warrantless arrest laws impacts their estimated effects on intimate partner homicide.**

Eval Rev. 2011 Apr;35(2):129-52. PMID: 21444301

Complicated and detailed evaluation of DV warrantless arrest laws and their impact in 25 states .

Wiener RL, Winick BJ, Georges LS, Castro A.

**A testable theory of problem solving courts: Avoiding past empirical and legal failures.**

Int J Law Psychiatry. 2010 Nov-Dec;33(5-6):417-27. PMID: 20980056

Article comments on problem solving courts, analyzing how offenders are likely to respond to the process, “as a lens through which social scientists can begin to address the concern that there is not enough critical analysis of the process and outcome of these courts.”

## **Providers**

Spangaro JM, Zwi AB, Poulos RG, Man WY.

**Who tells and what happens: disclosure and health service responses to screening for intimate partner violence.**

Health Soc Care Community. 2010 Nov;18(6):671-80. PMID: 20637041

In this Australian follow up study of 363 women who six months previously had screened positive or negative for IPV, of those who had reported abuse, 23% had been revealing this for the first time to anyone. Of those who did not report abuse, 14% actually were in abusive relationships and chose to not disclose due to “not considering the abuse serious enough, fear of the offender finding out, and not feeling comfortable with the health worker.” Of those who had screened positive and been provided with written information, 35% accessed further services.

Chapin JR, Coleman G, Varner E.

**Yes we can! Improving medical screening for intimate partner violence through self-efficacy.**

J Inj Violence Res. 2011 Jan;3(1):19-23. PMID: 21483210

Article describes a training program for healthcare providers intended to produce practitioners “dedicated, knowledgeable, and confident in their ability to recognize and assist victims of violence.” [No long term follow-up however.]

Humphreys J, Tsoh JY, Kohn MA, Gerbert B.

**Increasing discussions of intimate partner violence in prenatal care using Video Doctor plus Provider Cueing: a randomized, controlled trial.**

Womens Health Issues. 2011 Mar-Apr;21(2):136-44. PMID: 21185737

In a randomized, controlled study from UCSF of 50 prenatal patients who were at risk for IPV, half completed an interview with a “video doctor” at baseline and one month later. Based on interview responses, these women were provided with a printout of IPV strategies and resources, plus the healthcare provider was given a summary of responses and cueing sheet. Combining both visits, 90% of the women in the intervention group had an IPV discussion with the provider vs. 23.6% in the control group. 100% of participants rated the intervention helpful or very helpful.

Catalozzi M, Simon PJ, Davidson LL, Breitbart V, Rickert VI.

**Understanding control in adolescent and young adult relationships.**

Arch Pediatr Adolesc Med. 2011 Apr;165(4):313-9. PMID: 21464379

Using an anonymous computer self-interview method, 603 women aged 15-24 seeking reproductive health care answered questions about controlling attitudes of partners. Results showed 68% had received one or more controlling behaviors by a partner, including physical and sexual abuse. Those who experienced relationship abuse were 2.5 times more likely to report that they might not honestly disclose this to a provider.

## **Other of Interest**

Lyon TD, Ahern EC, Malloy LC, Quas JA.

**Children's reasoning about disclosing adult transgressions: effects of maltreatment, child age, and adult identity.**

Child Dev. 2010 Nov-Dec;81(6):1714-28. PMID: 21077859

In a study of 299 4 to 9 year old maltreated and nonmaltreated children, in general they would more likely disclose “something really bad” happening by a stranger than by a parent, and were less likely to disclose to a teacher than to a parent or the police.

Jones RK, Moore AM, Frohwirth LF.

**Perceptions of male knowledge and support among U.S. women obtaining abortions.**

Womens Health Issues. 2011 Mar-Apr;21(2):117-23. PMID: 21276735

From a Guttmacher Institute study of a nationally representative sample of 9493 women obtaining abortions, 7% reported IPV by the man involved in the pregnancy. These abusive male partners were substantially less likely to know about or be supportive of the abortion than non-abusive partners.

Sakai C, Lin H, Flores G.

**Health outcomes and family services in kinship care: analysis of a national sample of children in the child welfare system.**

Arch Pediatr Adolesc Med. 2011 Feb;165(2):159-65. PMID: 21300656

In a three year analysis of outcomes of 1308 children placed in kinship care vs. foster care, kinship caregivers received fewer support services. Children in kinship care had fewer behavioral and social skills problems, and less mental health therapy or medication use, but were at higher risk for substance use and pregnancy.

Pereira J.

**Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls.**

Curr Oncol. 2011 Apr;18(2):e38-45. PMID: 21505588

Review article on international policies and practices of euthanasia, which were intended for a small number of terminally ill patients. Policies in some areas have involved lethal substances being administered with lack of consent, cases unreported, groups included such as newborns, children, people with dementia, and now proposed in the Netherlands, people over age 70 who are "tired of living".

Moynihan MM, Banyard VL, Arnold JS, Eckstein RP, Stapleton JG.

**Engaging intercollegiate athletes in preventing and intervening in sexual and intimate partner violence.**

J Am Coll Health. 2010 Nov-Dec;59(3):197-204. PMID: 21186450

This educational program for athletes "Bringing in the Bystander" at Univ. of New Hampshire to address IPV prevention "worked for both women and men, improved bystander confidence and intent to engage in bystander behaviors, and did not create significant backlash effects (ie, worsening of attitudes as a result of program)."

Javdani S, Allen NE.

**Proximal outcomes matter: a multilevel examination of the processes by which coordinating councils produce change.**

Am J Community Psychol. 2011 Mar;47(1-2):12-27. PMID: 21052823

Researchers looked at mechanisms of collaborative effectiveness by surveying 654 individual council members from 21 Family Violence Coordinating Councils in a Midwestern state. Per these surveys, council formation and development resulted in the following model.

