

## **MEDICAL RESEARCH SUMMARY ON ABUSE FOR SANTA CLARA COUNTY DOMESTIC VIOLENCE COUNCIL JUNE 2012**

This summary includes selected research articles relating to abuse indexed by the National Library of Medicine April 2012. 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

For questions or comments about this summary, or to be placed on an email list to receive this monthly summary, please contact Harise Stein, MD [harise@stanford.edu](mailto:harise@stanford.edu)

### **Child Abuse**

McCrary EJ, De Brito SA, Sebastian CL, Mechelli A, Bird G, Kelly PA, Viding E.

#### **Heightened neural reactivity to threat in child victims of family violence.**

Curr Biol. 2011 Dec 6;21(23):R947-8. PMID: 22153160

Compared to a control group, 20 British children who had been exposed to violence at home showed increased brain scan activation of certain areas relating to emotions and decision-making, when shown a picture of an angry face. Authors suggest that this hypervigilance may compromise a child's development by limiting mastery of social skills, increasing vulnerability to stress, and predisposing to reactive aggression.

King DC, Abram KM, Romero EG, Washburn JJ, Welty LJ, Teplin LA.

#### **Childhood maltreatment and psychiatric disorders among detained youths.**

Psychiatr Serv. 2011 Dec;62(12):1430-8. PMID: 22193789

Of 1935 juveniles in a Cook county detention center, more than 3/4 of females and 2/3 of males had a history of moderate or severe physical abuse, and more than 40% of female and 10% of males had a history of sexual abuse. Abuse history was highly associated with a variety of psychiatric disorders.

Schneiderman JU, Leslie LK, Hurlburt MS, Zhang J, Horwitz SM.

#### **Caregiver reports of serious injuries in children who remain at home after a child protective services investigation.**

Matern Child Health J. 2012 Feb;16(2):328-35. PMID: 21086154

Using national survey data, of 3440 child who remained at home following a CPS maltreatment investigation, 10.6% of these children subsequently required medical attention for an injury. Children with chronic medical conditions or with depressed caregivers were more likely to have an injury.

Leventhal JM, Martin KD, Gaither JR.

#### **Using US data to estimate the incidence of serious physical abuse in children.**

Pediatrics. 2012 Mar;129(3):458-64. PMID: 22311999

Using a 2006 national hospital inpatient database, the incidence of serious physical child abuse injury requiring hospitalization was 6.2 per 100,000 children. However it was higher in children <1 year of age (58.2 per 100,000), and highest in infants covered by Medicaid (133 per 100,000 or 1 in 752 infants).

Ellingson CC, Livingston JS, Fanaroff JM.

#### **End-of-life decisions in abusive head trauma.**

Pediatrics. 2012 Mar;129(3):541-7. PMID: 22311991

Authors discuss the legal and moral complications of the decision to continue life support for intentionally injured children when family members, who may have been the abusers, have an incentive to continue care in order to avoid a murder charge.

Sege R, Flaherty E, Jones R, Price LL, Harris D, Slora E, Abney D, Wasserman R

#### **To report or not to report: examination of the initial primary care management of suspicious childhood injuries.**

Acad Pediatr. 2011 Nov-Dec;11(6):460-6. PMID: 21996468

A national sample of primary health care providers and child abuse experts were in agreement 81% of the time on suspicion of abuse in reviewed cases. Per providers, a report do CPS did not reduce the frequency of child follow-up visits within 6 months, and providers received information from CPS in 70% of reported cases.

## **Adult Manifestations of Child Abuse**

Keeshin BR, Cronholm PF, Strawn JR.

### **Physiologic changes associated with violence and abuse exposure: an examination of related medical conditions.**

Trauma Violence Abuse. 2012 Jan;13(1):41-56. PMID: 22186168

Article summarizes the physiologic pathways by which violence or abuse moderates the severity or clinical course of medical illnesses.

Nanni V, Uher R, Danese A.

### **Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression**

Am J Psychiatry. 2012 Feb;169(2):141-51. PMID: 22420036

An analysis of multiple research studies including over 23,000 patients showed that depressed adults with a history of childhood maltreatment were 2.27 times more likely to develop recurrent or persistent depressive episodes, and significantly less likely to respond to treatment.

Vash P.

### **A piece of my mind. Filling the void.**

JAMA. 2012 Apr 4;307(13):1381-2. PMID: 22474201

Article describes physician interaction with a morbidly obese teen who experienced childhood sexual abuse and said initially: "for my unhappiness, there was no amount of food or eating that could take away those feelings. There was just too big of a hole in me to fill." And after therapy: "You see, when you're a child, you don't have a voice, at least one that's listened to, so food becomes your voice. It does your talking, shares your feelings, and acts as your interpreter. It becomes a trusted friend that never lets you down, abandons you, or leaves you alone. You come to feel that eating protects you and shields you from the ridicule and pain. But as an adult, you do have a voice, and food doesn't have to do your talking. I've decided that food will never talk for me again."

Sansone RA, Farukhi S, Wiederman MW.

### **History of childhood trauma and disruptive behaviors in the medical setting.**

Int J Psychiatry Clin Pract. 2012 Mar;16(1):68-71. PMID: 22122650

For 394 internal medicine adult outpatients, a history of childhood physical abuse or witnessing violence as a child was associated with disruptive behaviors in the medical setting.

Sunday S, Kline M, Labruna V, Pelcovitz D, Salzinger S, Kaplan S.

### **The role of adolescent physical abuse in adult intimate partner violence.**

J Interpers Violence. 2011 Dec;26(18):3773-89. PMID: 21602201

Compared to a control group, adults aged 23-31 with a documented history of adolescent physical abuse were more than twice as likely to be physically violent and six times more likely to be verbally aggressive to their intimate partners.

## **Adolescent Relationship Abuse**

Mouilso ER, Fischer S, Calhoun KS.

### **A prospective study of sexual assault and alcohol use among first-year college women.**

Violence Vict. 2012;27(1):78-94. PMID: 22455186

Of 319 freshman college women, 19.3% experienced at least one sexual assault during freshman year. Sexual assault was associated with frequent binge drinking. After assault, drinking pattern did not change.

## **Domestic Violence – Effects on Children**

Smith CA, Ireland TO, Park A, Elwyn L, Thornberry TP.

### **Intergenerational continuities and discontinuities in intimate partner violence: a two-generational prospective study.**

J Interpers Violence. 2011 Dec;26(18):3720-52. PMID: 21810795

In a sample of 1000 urban youth followed from age 14 to adulthood, and controlling for child physical abuse, ethnicity, parent education, and socioeconomic status, exposure to caregiver IPV resulted in significantly increased risk of relationship violence in early adulthood.

Schechter DS, Willheim E, McCaw J, Turner JB, Myers MM, Zeanah CH.

### **The relationship of violent fathers, posttraumatically stressed mothers and symptomatic children in a preschool-age inner-city pediatrics clinic sample.**

J Interpers Violence. 2011 Dec;26(18):3699-719. PMID: 22170456

In this Swiss study of preschool children presenting with symptoms such as behavioral difficulties and/or unexplained fears, besides paternal violence at home, degree of maternal PTSD was independently predictive of children's symptoms.

### **Domestic Violence – Physical Health**

Steine IM, Harvey AG, Krystal JH, Milde AM, Grønli J, Bjorvatn B, Nordhus IH, Eid J, Pallesen S.

#### **Sleep disturbances in sexual abuse victims: a systematic review.**

Sleep Med Rev. 2012 Feb;16(1):15-25. PMID: 21600813

In this review, survivors of either childhood or adult sexual abuse had significant risk for chronic sleep disturbances such as nightmares, sleep paralysis, nightly awakenings, restless sleep, and morning tiredness.

### **Domestic Violence – Mental Health**

Johnson DM, Zlotnick C.

#### **Remission of PTSD after victims of intimate partner violence leave a shelter.**

J Trauma Stress. 2012 Apr;25(2):203-6. PMID: 22522736

Almost half of 147 DV victims with PTSD from two women's shelters continued to have PTSD 6 months after leaving the shelter. Those who recovered from PTSD had less severe symptoms initially, had lost fewer personal and social resources, and were less likely to have reunited with their abuser after leaving the shelter.

La Flair LN, Bradshaw CP, Campbell JC.

#### **Intimate partner violence/abuse and depressive symptoms among female health care workers: longitudinal findings.**

Womens Health Issues. 2012 Jan;22(1):e53-9. PMID: 21868248

A history of IPV/abuse within the past 5 years was significantly associated with depression scores in 1438 female health care workers, despite controlling for a variety of factors, including child abuse.

### **Cultural Issues**

Roberts AL, Rosario M, Corliss HL, Koenen KC, Austin SB.

#### **Childhood gender nonconformity: a risk indicator for childhood abuse and posttraumatic stress in youth.**

Pediatrics. 2012 Mar;129(3):410-7. PMID: 22351893

Using self-report data from a national study of participants with mean age of 22.7 years, those who exhibited gender nonconformity prior to age 11 had significantly higher rates of childhood physical, psychological and sexual abuse, and increased lifetime risk of PTSD.

Hahm HC, Kolaczyk E, Lee Y, Jang J, Ng L. Do

#### **Asian-American women who were maltreated as children have a higher likelihood for HIV risk behaviors and adverse mental health outcomes?**

Womens Health Issues. 2012 Jan;22(1):e35-43. PMID: 21872488

In a study of 400 Asian-American women, "Contrary to the findings from previous studies of White and Black women, sexual abuse plus other maltreatment was not associated with HIV risk behaviors among Asian-American women. However, it was associated with a marked increase in depression, lifetime suicidal ideation, and suicide attempts. These empirical patterns of internalizing trauma, suffering alone, and staying silent are in accord with Asian-cultural norms of saving face and maintaining family harmony."

### **Elder/Dependent Adult Abuse**

Day SE, Bazemore G.

#### **Two generations at risk: child welfare, institutional boundaries, and family violence in grandparent homes.**

Child Welfare. 2011;90(4):99-116. PMID: 22413382

When grandchildren with emotional and behavioral difficulties are placed by child welfare with vulnerable elderly grandparents, this is a potentially dangerous combination - often putting custodial grandparents at increased risk for victimization.

Dong X, Simon M, Rajan K, Evans DA.

#### **Association of cognitive function and risk for elder abuse in a community-dwelling population.**

Dement Geriatr Cogn Disord. 2011;32(3):209-15. PMID: 22095098

Of the 238 reported abused elders from the Chicago Health and Aging Project with 8932 participants, those elders with the lowest scores on cognitive testing were 3.56 times more likely to have been physically abused, 3.02 times more emotionally abused, 6.24 times more neglected, and 3.71 times more financially exploited.

Plummer SB, Findley PA.

**Women with disabilities' experience with physical and sexual abuse: review of the literature and implications for the field.**

Trauma Violence Abuse. 2012 Jan;13(1):15-29. PMID: 22070987

Disabled women experience abuse “probably more than the general population”, and in addition to common categories of abuse also experience: abuse for extended periods of time, risk of abuse by multiple potential perpetrators, increased risk of isolation/dependency, difficulties in communicating abuse, and abusive tactics that target one’s disability. Authors make research, policy and practice recommendations.

Bowland S.

**Process theology's relevance for older survivors of domestic violence.**

J Pastoral Care Counsel. 2011 Fall-Winter;65(3-4):1-9. PMID: 22452145

Description of pastoral care framework for older survivors of domestic violence, who may experience theological struggles and a sense of alienation from religion/spirituality.

**Perpetrators**

Farrell HM.

**Batterers: a review of violence and risk assessment tools.**

J Am Acad Psychiatry Law. 2011;39(4):562-74. PMID: 22159985

This review article discusses the neurobiology and neuropsychology factors that contribute to the development of a batterer, and suggest two useful screening instruments.

Fernández-Montalvo J, Echauri JA, Martínez M, Azcárate JM.

**Batterer men in prison and in court-referred treatment programmes: what is the difference?**

Span J Psychol. 2012 Mar;15(1):315-22. PMID: 22379721

In a comparison of Spanish batterers in prison vs. in an outside treatment program, those in prison had more severe psychopathology, more irrational beliefs about women, and more belief in violence as a strategy to cope with everyday difficulties.

Ernst AA, Weiss SJ, Morgan-Edwards S, et al.

**Derivation and validation of a short emergency department screening tool for perpetrators of intimate partner violence: the PERpetrator RaPid Scale (PERPS).**

J Emerg Med. 2012 Feb;42(2):206-17. PMID: 21958452

Description of a proposed 3 question abuse perpetrator screening tool to be used in emergency departments, with the intent for a future educational intervention. Those who screened positive for IPV perpetration (22% of male and female participants) were 2.9 times more likely to have observed IPV as children, and 2.5 times more likely to have experienced child abuse. 2/3 of perpetrators had children who had observed the IPV at home.

Sheehan KA, Thakor S, Stewart DE.

**Turning points for perpetrators of intimate partner violence.**

Trauma Violence Abuse. 2012 Jan;13(1):30-40. PMID: 22096016

Literature review of articles relating to perpetrator behavior change revealed “turning points” of: key incidents that precede change, taking responsibility for past behavior, learning new skills, and developing relationships within and outside of batterer intervention programs.

Wupperman P, Marlatt GA, Cunningham A, Bowen S, Berking M, Mulvihill-Rivera N, Easton C.

**Mindfulness and modification therapy for behavioral dysregulation: results from a pilot study targeting alcohol use and aggression in women.**

J Clin Psychol. 2012 Jan;68(1):50-66. PMID: 21932371

In this small pilot study using Mindfulness & Modification Therapy to target women with alcohol abuse and aggression, there was a 93% retention rate, with significant decreases in alcohol use, drug use, and aggression. “Deficits in mindfulness (awareness, attentiveness, and acceptance of the present moment) ...play a role in behavioral dysregulation.”

**Police and Court System**

Webster DW, Frattaroli S, Vernick JS, O'Sullivan C, Roehl J, Campbell JC.

**Women with protective orders report failure to remove firearms from their abusive partners: results from an exploratory study.**

J Womens Health (Larchmt). 2010 Jan;19(1):93-8. PMID: 20088664

Of 542 identified victims of DV from Los Angeles and New York who had a DV restraining order and knew if their partner owned a firearm, 15% reported that their abuser owned a firearm. Of these, in only 26% of cases did the judge require abusers to surrender their firearm, and in only 12% of cases did the abuser either surrender or have the firearm seized.

Williams KR.

**Family violence risk assessment: A predictive cross-validation study of the Domestic Violence Screening Instrument-Revised (DVSI-R).**

Law Hum Behav. 2012 Apr;36(2):120-9. PMID: 22471416

Using data on 3,569 Connecticut family violence perpetrators of both sexes and in a variety of family relationships, the DVSI-R was found to be significantly predictive of recidivism, especially for breaking of restraining orders.

Kraus LJ, Thomas CR, Bukstein OG, et al.

**Practice parameter for child and adolescent forensic evaluations.**

J Am Acad Child Adolesc Psychiatry. 2011 Dec;50(12):1299-312. PMID: 22115153

This article describes the difference between a clinical psychological evaluation and a forensic one. The forensic evaluator's duty is to the court or agency requesting the evaluation, rather than to the patient, and needs to address issues within the framework of legal questions to be assessed.

Zeanah CH, Shauffer C, Dozier M.

**Foster care for young children: why it must be developmentally informed.**

J Am Acad Child Adolesc Psychiatry. 2011 Dec;50(12):1199-201. PMID: 22115138

Since nearly half of the 400,000 children in foster care are under the age of 5, authors make recommendations for a developmentally-informed child-centered model, "with children's needs for forming attachments to caregivers seen as critical", rather than foster parents merely providing food, clothing and shelter.

## **Providers**

Center for Substance Abuse Treatment.

**Substance Abuse Treatment and Domestic Violence.**

Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1997. PMID: 22514831

This Treatment Improvement Protocol from the National Institute of Health on recognizing and managing victims of domestic violence in substance abuse treatment settings, although from 1997, contains practical information on both issues. An example: suggested screening questions that include whether a partner was isolating patient from family or friends who were supportive of recovery, forcing patient to sell drugs or prostitute herself for drugs, or prevent her from attending treatment or 12-step meetings. Free at <http://www.ncbi.nlm.nih.gov/books/NBK64437/>

Jung K, Steil R.

**The feeling of being contaminated in adult survivors of childhood sexual abuse and its treatment via a two-session program of cognitive restructuring and imagery modification: a case study.**

Behav Modif. 2012 Jan;36(1):67-86. PMID: 21937567

This German psychology paper reports on a two session successful cognitive restructuring program to reduce feelings of "contamination" in adult survivors of childhood sexual abuse.

Chaffin M, Hecht D, Bard D, Silovsky JF, Beasley WH.

**A statewide trial of the SafeCare home-based services model with parents in Child Protective Services.**

Pediatrics. 2012 Mar;129(3):509-15. PMID: 22351883

A home-based behavioral skills training model designed for neglecting or maltreating parents significantly decreased repeat referral to child protective services.

McDowell K.

**Talking to sexually abused children: tips for physicians.**

Minn Med. 2011 Dec;94(12):50-2. PMID: 22372050

Suggestions for ways physicians can establish a trusting relationship with a child to enable disclosure of abuse.

Connor PD, Nouer SS, Mackey SN, Banet MS, Tipton NG.

**Intimate partner violence education for medical students: toward a comprehensive curriculum revision.**

South Med J. 2012 Apr;105(4):211-5. PMID: 22475671

Of 117 medical students, 28.7% had had a personal or family experience with DV, but this did not translate into improved knowledge or confidence in addressing DV with patients.

Feigelman S, Dubowitz H, Lane W, Grube L, Kim J.

**Training pediatric residents in a primary care clinic to help address psychosocial problems and prevent child maltreatment.**

Acad Pediatr. 2011 Nov-Dec;11(6):474-80. PMID: 21959095

Pediatric residents trained with a SEEK (A Safe Environment for Every Kid) model regarding screening for psychosocial risk factors such as parental depression, IPV, corporal punishment, and food insecurity, increased competency that was sustained for 18 months post-training, and was favorably received by patients.

McAndrew M, Marin MZ.

**Role of dental professional identification and referral of victims of domestic violence.**

N Y State Dent J. 2012 Jan;78(1):16-20. PMID: 22474792

Review article for dental professionals on identification and management of abused patients.

Clements PT, Holt KE, Hasson CM, Fay-Hillier T.

**Enhancing assessment of interpersonal violence (IPV) pregnancy-related homicide risk within nursing curricula.**

J Forensic Nurs. 2011 Dec;7(4):195-202. PMID: 22123040

Nurses are urged to systematically and consistently incorporate IPV as a leading risk factor for injury or death into pregnancy curricula.

## **Researchers**

Klevens J, Sadowski L, Kee R, Trick W, Garcia D.

**Comparison of screening and referral strategies for exposure to partner violence.**

Womens Health Issues. 2012 Jan;22(1):e45-52. PMID: 21798763

In a randomized study sponsored by the CDC of health care provider versus audio computer-assisted self-interview screening for IPV in 126 women in a health care setting, disclosure rates tended to be higher for women screened with the computer (not statistically significant). Both groups had similar rates of use of referral resources.

Kistin CJ, Tien I, Leventhal JM, Bauchner H.

**A novel self-evaluation tool to assess the team function of a child protection team.**

Acad Pediatr. 2011 Nov-Dec;11(6):451-9. PMID: 21959096

This tool for use by child protection teams evaluates team composition and resources, effort, strategy, and effectiveness.

Brown DS, Fang X, Florence CS.

**Medical costs attributable to child maltreatment a systematic review of short- and long-term effects.**

Am J Prev Med. 2011 Dec;41(6):627-35. PMID: 22099241

Although short and long-term child maltreatment costs are considerable, due to wide differences in research designs and types of cost data, as well as lack of following best practices for econometric analysis, estimates vary widely. Authors outline a suggested standardized cost framework.

## **Other of Interest**

Edwards KM, Kearns MC, Gidycz CA, Calhoun KS.

**Predictors of victim-perpetrator relationship stability following a sexual assault: a brief report.**

Violence Vict. 2012;27(1):25-32. PMID: 22455182

For 254 women sexually assaulted by a friend, casual dating partner, or steady dating partner, “most victim-perpetrator relationships (75%) continued following the sexual assault. Greater trauma symptomatology, less perpetrator blame, and nondisclosure of the assault by victims predicted relationship continuation.”

Caria A, Falco Sd, Venuti P, Lee S, Esposito G, Rigo P, Birbaumer N, Bornstein MH.

**Species-specific response to human infant faces in the premotor cortex.**

Neuroimage. 2012 Apr 2;60(2):884-93. PMID: 22230948

In an NIH study, when adults without children were shown pictures of human infants, brain areas relating to movement, speech, and reward were activated. This did not happen with faces of adults or baby animals. Findings could provide insight into why this deeply ingrained caregiver response fails, such as child neglect.