

# ABUSE RESEARCH

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## Child Abuse

Kim PT, McCagg J, Dundon A, et. al.

### **Consistent screening of admitted infants with head injuries reveals high rate of nonaccidental trauma.**

J Pediatr Surg. 2017 Nov;52(11):1827-1830. PMID: [28302360](#)

Cincinnati Children's Hospital implemented a guideline that all infants admitted with an unwitnessed (not public) head injury have a nonaccidental trauma (NAT) screening evaluation. 25.6% were found to have NAT after evaluation by the child abuse team. Use of this guideline eliminated screening disparities.

Davies FC, Lecky FE, Fisher R, Fragoso-liguez M, Coats TJ.

### **Major trauma from suspected child abuse.**

Emerg Med J. 2017 Sep;34(9):562-567. PMID: [28438987](#)

From a UK registry of 7825 children seen for injury, 6% were classified as suspected child abuse. Compared to the accidental injury group, children with suspected abuse were younger (5 months vs. 7 yrs), had a higher injury severity score, had nearly 3 times higher mortality, 74% arrived by non-ambulance, and there was a longer delay to presentation to the hospital (8 hrs vs. 1.8 hrs).

Kondis JS, Muenzer J, Luhmann JD.

### **Missed Fractures in Infants Presenting to the Emergency Department With Fussiness.**

Pediatr Emerg Care. 2017 Aug;33(8):538-543. PMID:

[28350717](#)

Of 279 infants with fractures seen at a pediatric emergency department, 16 had had a prior ED visit for fussiness without an obvious source, with visit interval median being 20 days. "Fractures concerning for child abuse are an important cause of unexplained fussiness in infants...A high index of suspicion is essential for prompt diagnosis and likely prevention of other abuse."

Foster JM.

### **The Fears and Futures of Boy Victims of Sexual Abuse: An Analysis of Narratives.**

J Child Sex Abus. 2017 Aug-Sep;26(6):710-730. PMID: [28836930](#)

Narratives of 19 boys who had experienced childhood sexual abuse, their subsequent concerns about fear and safety, perceptions of counseling, and hopes for their futures. Recommendations for counseling boy victims are discussed.

Brownlie EB, Graham E, Bao L, Koyama E, Beitchman JH.

### **Language disorder and retrospectively reported sexual abuse of girls: severity and disclosure.**

J Child Psychol Psychiatry. 2017 Oct;58(10):1114-1121. PMID:

[28407233](#)

Five-year-old children identified with a language and/or speech disorder (LD) from a nonclinical community sample and a control group were followed to adulthood, when they were asked about experiences of sexual abuse. 43% of women with a childhood LD reported childhood sexual abuse, compared to 16% in the control group. Implications are discussed.

Hébert M, Langevin R, Guidi E, et. al.

### **Sleep problems and dissociation in preschool victims of sexual abuse.**

J Trauma Dissociation. 2017 Jul-Sep;18(4):507-521. PMID:

[27681156](#)

Over and above all other control variables, in this study of children aged 3-6 years who had experienced sexual abuse, sleep problems were significantly associated with dissociative symptoms. These symptoms can include auditory hallucinations, conversations with imaginary friends, unexplained rapid behavioral changes, dazed states, unusual nighttime experiences, and fluctuating academic and intellectual performance.

McCrary EJ, Puetz VB, Maguire EA, et. al.

### **Autobiographical memory: a candidate latent vulnerability mechanism for psychiatric disorder following childhood maltreatment.**

Br J Psychiatry. 2017 Oct;211(4):216-222. PMID: [28882830](#)

From brain studies of 34 children with documented maltreatment and matched controls, maltreated children showed less encoding of positive memories, and greater activation of the brain network for negative memories. "This pattern may confer latent vulnerability for future depression and post-traumatic stress disorder."

Stamoulis C, Vanderwert RE, Zeanah CH, Fox NA, Nelson CA. **Neuronal networks in the developing brain are adversely modulated by early psychosocial neglect.**

J Neurophysiol. 2017 Oct 1;118(4):2275-2288. PMID: [28679837](#)

This article delineates the various brain structure and connectivity issues associated with Hungarian children who experienced severe early life institutional neglect.

McLaughlin KA, Sheridan MA, Nelson CA.

**Neglect as a Violation of Species-Expectant Experience: Neurodevelopmental Consequences.**

Biol Psychiatry. 2017 Oct 1;82(7):462-471. PMID: [28392082](#)

Authors discuss “how the absence of cognitive stimulation and sensory, motor, linguistic, and social experiences common among children raised in deprived early environments constrains early forms of learning, producing long-term deficits in complex cognitive function and associative learning.”

## Adult Manifestations of Child Abuse

Tilson EC.

**Adverse Childhood Experiences (ACEs): An Important Element of a Comprehensive Approach to the Opioid Crisis.**

N C Med J. 2018 May-Jun;79(3):166-169. PMID: [29735620](#)

“Basically, one-half to two-thirds of drug use problems could be traced back to ACEs...In caring for a person struggling with addiction, we must understand their own history of trauma and the resultant effect on their neurobiology. But we must also think about health in a multigenerational view...In households where parents are currently struggling with their own addiction, influenced by their own past ACEs, are children who are currently experiencing their own ACEs, greatly increasing their likelihood of future addiction. “

Lê-Scherban F, Wang X, Boyle-Steed KH, Pachter LM.

**Intergenerational Associations of Parent Adverse Childhood Experiences and Child Health Outcomes.**

Pediatrics. 2018 Jun;141(6). pii: e20174274. PMID: [29784755](#)

Comparing two Philadelphia telephone surveys, one on parental ACEs and one on child’s health, 85% of parents had experienced 1 or more ACE and 18% 6 or more ACEs. Each additional parent ACE was associated with higher odds of poor child overall health, asthma, and excessive television watching.

Zatti C, Rosa V, Barros A, et. al.

**Childhood trauma and suicide attempt: A meta-analysis of longitudinal studies from the last decade.**

Psychiatry Res. 2017 Oct;256:353-358. PMID: [28683433](#)

In a research review, childhood abuse was associated with lifetime suicide attempts as follows: physical abuse (4.11 times increased risk), emotional abuse (3.98), sexual abuse (3.73), and physical neglect (3.42).

Carroll TD, Currier JM, McCormick WH, Drescher KD.

**Adverse childhood experiences and risk for suicidal behavior in male Iraq and Afghanistan veterans seeking PTSD treatment.**

Psychol Trauma. 2017 Sep;9(5):583-586. PMID: [28080076](#)

Of 217 men in a residential program for combat-related PTSD, 41.5% reported 4 or more ACEs. “Namely, for every 1-point increase on the ACE Questionnaire, veterans’ risk of suicidal ideation and attempts increased by 23% and 24%, respectively.”

Guillaume S, Jausent I, Maimoun L, et. al.

**Associations between adverse childhood experiences and clinical characteristics of eating disorders.**

Sci Rep. 2016 Nov 2;6:35761. PMID: [27804994](#)

Of 192 French patients with identified eating disorders, childhood emotional abuse had the strongest impact, and the number of ACEs had an additive impact on severity of symptoms.

Sexton MB, Davis MT, Menke R, Raggio GA, Muzik M.

**Mother-child interactions at six months postpartum are not predicted by maternal histories of abuse and neglect or maltreatment type.**

Psychol Trauma. 2017 Sep;9(5):622-626. PMID: [28481563](#)

Of 173 postpartum non-clinically referred mothers, the majority of whom had a history of childhood maltreatment, no significant differences emerged between overall maltreatment severity or type of exposure on parenting quality. This is at odds with other studies, and authors discuss that this nonclinical group of mothers was different than usual studies of mothers with active problems such as PTSD, depression, or substance abuse. Also this group had more demographic resilience factors - mainly non-minority, married, with stable housing and 84% had had some college education.

## Adolescents

Putnam-Hornstein E, Lery B, Hoonhout J, Curry S.  
**A Retrospective Examination of Child Protection Involvement Among Young Adults Accessing Homelessness Services.**

Am J Community Psychol. 2017 Sep;60(1-2):44-54. PMID: [28913829](#)

Of 2241 California homeless 17-24-year-olds, 50% had been reported to CPS for maltreatment at least once during childhood, more for females than males, and twice as likely for Black clients than White clients.

do Prado CH, Grassi-Oliveira R, Daruy-Filho et. al.  
**Evidence for Immune Activation and Resistance to Glucocorticoids Following Childhood Maltreatment in Adolescents Without Psychopathology.**

Neuropsychopharmacology. 2017 Oct;42(11):2272-2282. PMID: [28664925](#)

Laboratory studies of healthy Brazilian adolescents, 30 with a history of early life stress (ELS) and 27 without, showed immune activation and pro-inflammatory profiles in the ELS group. This finding contributes to vulnerability for physical and mental health issues in later life.

Thapa K, Kelvin EA.

**Peer Victimization and Unhealthy Weight Control Behaviors-the Role of Intersecting Identities among New York City Youth.**

J Urban Health. 2017 Aug;94(4):506-513. PMID: [28540571](#)

NY City sexual minority youths, dating violence victims, and youths bullied at school had significantly higher odds of unhealthy weight control behaviors (using laxatives or induced vomiting).

## Domestic Violence – Effects on Children

Lewis NV, Feder GS, Howarth E, et. al.

**Identification and initial response to children's exposure to intimate partner violence: a qualitative synthesis of the perspectives of children, mothers and professionals.**

BMJ Open. 2018 Apr 28;8(4):e019761. PMID: [29705757](#)

In a review of barriers to disclosure and management of children's exposure to IPV, "mothers and children need to have a trusting relationship with a professional who demonstrates certain attitudes and skills before enquiry and identification occurs". They wanted emotional support, education about IPV, and information for local IPV services with a flexible approach as to when a parent was ready to disclose and utilize

services. Health professionals described multiple constraints, including time, frustration about poor access to referral pathways, and poor communication and coordination across organizations. Emotional issues included guilt and shame from the mothers, and empathy fatigue and secondary trauma from the professionals. However, there was a lack of attention paid by professionals to children as patient/clients on their own.

Alisic E, Groot A, Snetselaar H, et. al.

**Children's perspectives on life and well-being after parental intimate partner homicide.**

Eur J Psychotraumatol. 2018 May 22;8(Suppl 6):1463796.

PMID: [29844882](#)

Interviews with 23 children and youth who had experienced intimate partner homicide showed a wide range of outcomes. "Children's self-image, their perspectives on their biological parents, and their views on their broader (family) environment varied considerably from participant to participant, and also between siblings...It is unlikely that straightforward guidelines can be given with regard to where the children should live after parental homicide, or whether they should be in contact with the perpetrating parent."

## Domestic Violence – Physical Health

Goldin Y, Haag HL, Trott CT.

**Screening for History of Traumatic Brain Injury Among Women Exposed to Intimate Partner Violence.**

PM R. 2016 Nov;8(11):1104-1110. PMID: [27208397](#)

Authors note elevated rates (35-80%) of potential traumatic brain injury (TBI) in women survivors of IPV, including blows and jolts to the head/facial area and attempted strangulation. TBI can cause debilitating impairment and is one of the leading causes of long-term disability. This paper reviews the presently available 9 screening tools for TBI, none of which were made for the situation of IPV, most of which assume an accident, and most of which lack inquiry about facial injuries, shaking or non-lethal strangulation. Authors identify the 2 most helpful instruments and suggest minor modifications.

# Domestic Violence – Mental Health

Dardis CM, Amoroso T, Iverson KM.

**Intimate partner stalking: Contributions to PTSD symptomatology among a national sample of women veterans.** Psychol Trauma. 2017 Aug;9(Suppl 1):67-73. PMID: [27414469](#)

Among 225 women veterans with a history of IPV, 64% reported lifetime stalking by an intimate partner. After controlling for military sexual trauma and other types of IPV, women who experienced partner stalking were 2.49 times more likely than women with IPV without stalking to experience PTSD symptoms.

Ahmad NA, Silim UA, Rosman A, et. al.

**Postnatal depression and intimate partner violence: a nationwide clinic-based cross-sectional study in Malaysia.** BMJ Open. 2018 May 14;8(5):e020649. PMID: [29764882](#)

Of 5727 Malaysian pregnant women, the overall prevalence of IPV was 4.9% and post-natal depression (PND) was 4.4%. Women exposed to IPV were 2.34 times more likely to report PND.

# Elder/Dependent Adult Abuse

Orfila F, Coma-Solé M, Cabanas M, et. al.

**Family caregiver mistreatment of the elderly: prevalence of risk and associated factors.**

BMC Public Health. 2018 Jan 22;18(1):167. PMID: [29357866](#)

Among Spanish family caregivers of elders, home interviews showed a prevalence of 33.4% of abuse by the caregiver. Abuse was 2.75 times more likely for a higher caregiver burden, 2.06 for caregiver anxiety, 7.24 for caregiver perception of aggressive behavior in the care recipient, and 4.66 for a bad previous relationship.

Burnes D, Pillemer K, Lachs MS.

**Elder Abuse Severity: A Critical but Understudied Dimension of Victimization for Clinicians and Researchers.**

Gerontologist. 2017 Aug 1;57(4):745-756. PMID: [26874186](#)

From a telephone survey of over 4,000 elders in New York, more severe emotional and physical abuse was associated with younger age and living only with the perpetrator. Higher neglect was associated with functional impairment. The

presence of nonperpetrator others living in the home served a protective function against escalating mistreatment severity.

Hullick C, Carpenter CR, Critchlow R, et. al.

**Abuse of the older person: Is this the case you missed last shift?**

Emerg Med Australas. 2017 Apr;29(2):223-228. PMID: [28273679](#)

Review of elder abuse recognition in the emergency department using 3 case scenarios.  
*See last page for table*

# LGBTQ Concerns

Coulter RWS, Mair C, Miller E, et. al.

**Prevalence of Past-Year Sexual Assault Victimization Among Undergraduate Students: Exploring Differences by and Intersections of Gender Identity, Sexual Identity, and Race/Ethnicity.**

Prev Sci. 2017 Aug;18(6):726-736. PMID: [28210919](#)

From surveys of 71,421 undergraduates from 120 US post-secondary educational institutions, gender identity, sexual identity, and race/ethnicity were important factors in probability of past year sexual assault, ranging from 2.6 for Asian/Pacific Islander cisgender men to 57.7 for Black transgender people.

	Gender identity		
	Cisgender men <sup>a</sup> Predicted probability (95% CI)	Cisgender women <sup>a</sup> Predicted probability (95% CI)	Transgender people <sup>b</sup> Predicted probability (95% CI)
<b>Sexual identity</b>			
Heterosexual	2.9 (2.6, 3.1)	7.7 (7.2, 8.1)	12.2 (0.0, 24.4)
Gay/lesbian	<b>9.4</b> (7.6, 11.2)	8.5 (6.5, 10.6)	19.0 (5.0, 33.0)
Bisexual	<b>8.5</b> (6.2, 10.7)	<b>15.9</b> (14.3, 17.6)	14.8 (5.2, 24.4)
Unsure	7.7 (5.3, 10.0)	<b>11.8</b> (9.8, 13.8)	29.1 (13.4, 44.7)
<b>Race/ethnicity</b>			
White	2.8 (2.5, 3.1)	8.2 (7.7, 8.7)	14.2 (6.8, 21.5)
Asian or Pacific Islander	2.6 (1.9, 3.2)	6.2 (5.3, 7.0)	N/A
Latino	3.6 (2.7, 4.5)	6.0 (5.2, 6.8)	26.7 (-1.8, 55.3)
Black	5.8 (4.3, 7.3)	9.4 (8.2, 10.6)	<b>57.7</b> (11.0, 104.4)
Other	4.6 (3.9, 5.4)	9.2 (8.4, 10.1)	19.8 (7.9, 31.8)

# Cultural Concerns

Katzenstein D, Fontes LA.

**Twice Silenced: The Underreporting of Child Sexual Abuse in Orthodox Jewish Communities.**

J Child Sex Abus. 2017 Aug-Sep;26(6):752-767. PMID: [28715275](#)

This article examines specific factors that contribute to the underreporting of child sexual abuse within Orthodox Jewish communities (as well as other

minority religious groups), with suggestions for detection and prevention. Some of the factors include personal fear, shame and self-blame in the highly religious context; taboo about talking about sex; lack of belief and paternalistic protection of perpetrators; and a tradition of handling problems within the community and not involving secular police or courts.

“Military sexual trauma was defined as physically forced, verbally coerced, or substance-incapacitated acts experienced during military service.” Interviews with 21 male veterans who reported experiencing MST revealed the types of trauma they experienced and the negative life effects, including difficulty trusting others, substance use, and difficulty managing anger. Authors suggest methods to promote posttraumatic growth.

## Sexual Assault

Fitzgerald LF.

### **Still the last great open secret: Sexual harassment as systemic trauma.**

J Trauma Dissociation. 2017 Jul-Sep;18(4):483-489. PMID: [28375711](#)

“Sexual harassment and the cultural system in which it is embedded [centuries of attitudes and beliefs that rationalizes systemic abuse of women, and organizational factors that maintain this system] is best understood as "systemic trauma" requiring multilevel prevention and intervention systems that are yet to be fully identified or understood.”

Keshet H, Gilboa-Schechtman E.

### **Symptoms and beyond: Self-concept among sexually assaulted women.**

Psychol Trauma. 2017 Sep;9(5):545-552. PMID: [27797566](#)

“The unique characteristics of sexual assault - a toxic mix of an interpersonal harm, a violent exploitation of one's body, and a transformation of an act of connectedness into an act of submission - are postulated to negatively affect the self-concept [a collection of beliefs about oneself]...that extend beyond symptoms.”

Shin KM, Chung YK, Shin YJ, et. al.

### **Post-Traumatic Cognition Mediates the Relationship between a History of Sexual Abuse and the Post-Traumatic Stress Symptoms in Sexual Assault Victims.**

J Korean Med Sci. 2017 Oct;32(10):1680-1686. PMID: [28875614](#)

Of 105 women seen at a South Korean sexual assault center, 9.5% reported a prior sexual assault. These revictimized women reported more negative initial stress symptoms, which had increased at one month follow-up. Singly victimized women reported a small decrease in symptoms at one month.

Elder WB, Domino JL, Rentz TO, Mata-Galán EL.

### **Conceptual model of male military sexual trauma.**

Psychol Trauma. 2017 Aug;9(Suppl 1):59-66. PMID: [27669163](#)

Cichowski SB, Rogers RG, Clark EA, et. al.

### **Military Sexual Trauma in Female Veterans is Associated With Chronic Pain Conditions.**

Mil Med. 2017 Sep;182(9):e1895-e1899. PMID: [28885952](#)

In a retrospective study of 516,950 female veterans, 28.9% were diagnosed with headaches, 18.3% with chronic pelvic pain, and 14.4% with chronic back pain, as well as other pain conditions. Most women had more than one chronic pain diagnosis. There was a significant association between chronic pain conditions and a history of military sexual trauma as well as drug abuse and overdose, despite adjusting for age, body mass index, smoking, and ethnicity.

Ford E, Kim S, Venters H.

### **Sexual abuse and injury during incarceration reveal the need for re-entry trauma screening.**

Lancet. 2017 Apr 8;389(10077):1393. PMID: [28402813](#)

In this letter to the editor, authors “estimate that 23,680 new cases of sexual assault occur in jails and 58,400 in prisons each year”, with even higher numbers for intentional acts of physical violence. They recommend post-release trauma screening and counselling to aid with improved transition success.

## Human Trafficking

Landers M, McGrath K, Johnson MH, et. al.

### **Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program.**

J Child Sex Abus. 2017 Aug-Sep;26(6):692-709. PMID: [28656806](#)

Of 97 child survivors of commercial sexual exploitation, 86% had experienced prior childhood sexual abuse. 97.5% had been exposed to complex trauma, had severe mental and behavioral health needs, limited or damaged family relationships, impacted education, and reported trauma bonding to their traffickers, with significant implications for treatment.

Cockbain E, Ashby M, Brayley H.

### **Immaterial Boys? A Large-Scale Exploration of Gender-Based Differences in Child Sexual Exploitation Service Users.**

Sex Abuse. 2017 Oct;29(7):658-684. PMID: [26634379](#)

In this UK study of children referred for child sexual exploitation services, 1/3 were boys.

**Table 3.** Frequency of Referrals From Different Agencies.

	Girls (%)	Boys (%)
Social services	41	24
Criminal justice	32	55
Education	6	2
Health	2	1
Other	19	19

Hutchinson A, Waterhouse P, March-McDonald J, et. al.

### **Understanding Early Marriage and Transactional Sex In the Context of Armed Conflict: Protection at a Price.**

Int Perspect Sex Reprod Health. 2016 Mar 1;42(1):45-49.

PMID: [28825914](#)

Although early marriage and transactional sex may be detrimental to young women's sexual and reproductive health in the short or long term, young women may view these as possible solutions to immediate threats to life and sexual security in conflict areas.

## Perpetrators

Creech SK, Macdonald A, Benzer JK, et. al.

### **PTSD symptoms predict outcome in trauma-informed treatment of intimate partner aggression.**

J Consult Clin Psychol. 2017 Oct;85(10):966-974. PMID:

[28726440](#)

Using data from a male veteran's program, PTSD symptoms at intake had a strong association with both physical and psychological intimate partner aggression (IPA). Authors suggest that increased attention to PTSD treatment within veteran programs could reduce IPA.

Kloess JA, Seymour-Smith S, Hamilton-Giachrisis CE, et. al.

### **A Qualitative Analysis of Offenders' Modus Operandi in Sexually Exploitative Interactions With Children Online.**

Sex Abuse. 2017 Sep;29(6):563-591. PMID: [26556784](#)

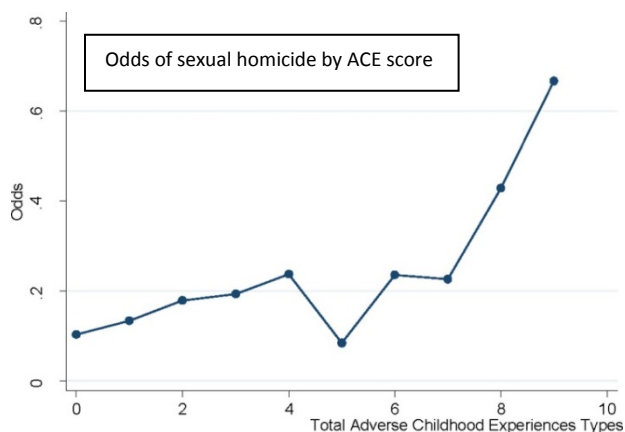
From transcripts of online sexual predator interactions, various manipulative approaches to engage victims and achieve their compliance are discussed, including the use of pornographic material, pursuing individual sexual information, and fantasy rehearsal.

DeLisi M, Beauregard E.

### **Adverse Childhood Experiences and Criminal Extremity: New Evidence for Sexual Homicide.**

J Forensic Sci. 2018 Mar;63(2):484-489. PMID: [28834569](#)

Of 616 Canadian incarcerated adult male sexual offenders, the 85 who committed sexual homicide were significantly more likely to have increased ACEs.



## Police and Court Systems

Kubiak SP, Brenner HJ, Bybee D, et. al.

### **Sexual misconduct in prison: What factors affect whether incarcerated women will report abuses committed by prison staff?**

Law Hum Behav. 2017 Aug;41(4):361-374. PMID: [28650185](#)

More than 80,000 prisoners each year are sexually victimized during incarceration, with half of the perpetrators staff members. Only 8% report victimization to correctional authorities. Factors relating to reporting are discussed and include age at time of assault, physical injury, multiple incidents, and perpetrator with multiple victims.

## Providers

McKibbin A, Gill-Hopple K.

### **Intimate Partner Violence: What Health Care Providers Should Know.**

Nurs Clin North Am. 2018 Jun;53(2):177-188. PMID:

[29779512](#)

Review article on recognition and management of IPV in the health care setting.

Kalmakis KA, Shafer MB, Chandler GE, Aponte EV, Roberts SJ.  
**Screening for childhood adversity among adult primary care patients.**

J Am Assoc Nurse Pract. 2018 Apr;30(4):193-200. PMID: [29757787](#)

Of 71 rural Massachusetts adults (almost 100% Caucasian), 53% reported more than 4 ACEs. Increasing ACEs were associated with chronic health conditions, and with increasing number of clinic visits.

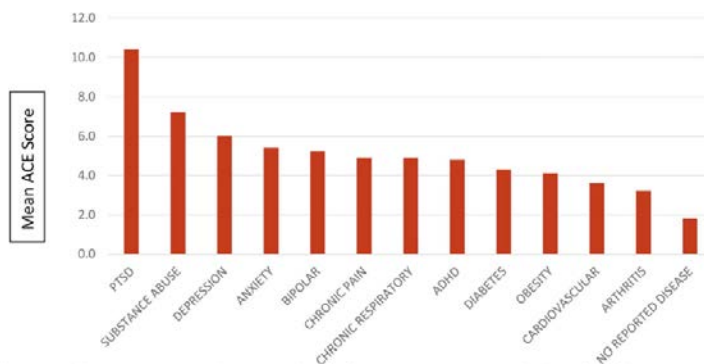


Figure 1. Participants' mean adverse childhood experience (ACE) scores by self-reported chronic disease (N = 71).

Porcerelli JH, Jones JR, Klamo R, Heeney R.  
**Childhood abuse in adults in primary care: Empirical findings and clinical implications.**

Int J Psychiatry Med. 2017 May;52(3):265-276. PMID: [29065808](#)

“Adult patients with histories of childhood abuse generally scored significantly higher on measures of psychopathology, emergency room use, and doctor-patient relationship difficulty, and lower on a measure of mental and physical health...Findings also suggest that negative feelings about a patient may help physicians identify patients with histories of childhood abuse.”

Gruenfeld E, Willis DG, Easton SD.  
**"A Very Steep Climb": Therapists' Perspectives on Barriers to Disclosure of Child Sexual Abuse Experiences for Men.**

J Child Sex Abus. 2017 Aug-Sep;26(6):731-751. PMID: [28657500](#)

These interviews with 9 experienced therapists who specialize in the treatment of men who were sexually abused in childhood, note delayed and nondisclosure of child sexual abuse being associated with negative mental health outcomes for adult survivors. Disclosure barriers included difficult feelings, lack of language, internalized social stigma, masculine identity disconnect, and relational challenges with therapists.

Hinsliff-Smith K, McGarry J.  
**Understanding management and support for domestic violence and abuse within emergency departments: A systematic literature review from 2000-2015.**

J Clin Nurs. 2017 Dec;26(23-24):4013-4027. PMID: [28403521](#)  
 Compilation and analysis of articles relating to identification and management of domestic abuse patients seen in the emergency department setting.

Wen FK, Miller-Cribbs JE, Coon KA, et. al.  
**A simulation and video-based training program to address adverse childhood experiences.**

Int J Psychiatry Med. 2017 May;52(3):255-264. PMID: [28893142](#)

Description of a 4-hour simulation and video-based training program for primary care residents about how to conduct brief interventions connecting their patients' current health concerns with their experiences of ACEs.

Table 1. Five skills targeted in ACEs training.

- “Asking”
1. Introducing and connecting ACEs: How do you bring up ACEs in the encounter and make a connection between the patient's childhood experiences and current health concerns?
  2. Explaining ACEs: How do you educate the patient on the health consequences of ACEs?
- “Listening”
3. Empathy: How do you demonstrate that you understand the patient's experience in a caring, compassionate way?
- “Accepting”
4. Stigma reduction: How do you demonstrate acceptance of the patient's experience and reduce the stigma that social convention and secrecy confer on childhood maltreatment?
- Treatment planning
5. Shared decision-making: How do you engage the patient in collaborating on a treatment plan? Broad range of plans, e.g., taking time to consider information shared, self-help, and counseling.

Azar ST, Miller EA, Stevenson MT, Johnson DR.  
**Social Cognition, Child Neglect, and Child Injury Risk: The Contribution of Maternal Social Information Processing to Maladaptive Injury Prevention Beliefs Within a High-Risk Sample.**

J Pediatr Psychol. 2017 Aug 1;42(7):759-767. PMID: [27481697](#)

For a group of disadvantaged mothers of preschoolers, half of whom perpetrated child neglect, neglecting mothers were more likely to have more maladaptive injury prevention beliefs such as that injuries are due to bad luck, or that injuries will teach a child a lesson or make them tougher. Prevention efforts may benefit by addressing these faulty beliefs.

He AS.  
**Interagency collaboration and receipt of substance abuse treatment services for child welfare-involved caregivers.**

J Subst Abuse Treat. 2017 Aug;79:20-28. PMID: [28673523](#)  
 Study of the benefits and challenges of having a functional relationship between child welfare organizations and substance use disorder services, to help improve family outcomes. Collaborative activities included co-location of services or priority status to enter treatment.

## Prevention

Zielinski S, Paradis HA, Herendeen P, Barbel P.

### **The Identification of Psychosocial Risk Factors Associated With Child Neglect Using the WE-CARE Screening Tool in a High-Risk Population.**

J Pediatr Health Care. 2017 Jul - Aug;31(4):470-475. PMID: [28189398](#)

“Neglect accounts for over 70% of child maltreatment and carries significant sequelae.” This study found that a screening tool that identified psychosocial determinants of health in a high risk pediatric population showed 63% of families with at least one need, 62% of whom connected with a social worker to discuss resources. “Standardized screening identifies families at risk for neglect, improves provider comfort, and minimally affects flow. Identification of psychosocial needs should be part of routine preventive care.”

Salazar LF, Vivolo-Kantor A, McGroarty-Koon K.

### **Formative Research With College Men to Inform Content and Messages for a Web-Based Sexual Violence Prevention Program.**

Health Commun. 2017 Sep;32(9):1133-1141. PMID: [27593559](#)

“To combat the high rates of sexual violence on college campuses, prevention programming should be theoretically driven, persuasive, and salient, and should provide messages that counter negative normative beliefs supportive of sexual violence.” This study from focus groups with 48 college males identified positive and negative themes that can be incorporated into prevention programming.

## Researchers

Okeke NL, Wilkinson AV, Roberts RE.

### **The Stability of Retrospective Child Sexual Abuse Reports and its Association With Problem Avoidance.**

J Child Sex Abus. 2017 Aug-Sep;26(6):677-691. PMID: [28569610](#)

In a nationally representative sample of 12,438 adults over two periods, six years apart, “Nearly three-fourths of child sexual abuse cases in the former wave were not again reported, and two-thirds of child sexual abuse cases in the latter wave were not previously reported.” Females were over 5 times more likely to be consistent reporters. Authors discuss that inconsistent reporting may indicate problem avoidance, and make suggestions for researchers and practitioners.

### **Maddoux J, McFarlane J, Symes L, Fredland N, Feder G. Using Baseline Data to Predict Chronic PTSD 48-months After Mothers Report Intimate Partner Violence: Outcomes for Mothers and the Intergenerational Impact on Child.**

Arch Psychiatr Nurs. 2018 Jun;32(3):475-482. PMID: [29784233](#)

Initial study using a chronic PTSD predictor tool, with elements of self-efficacy, social support, ACEs, and PTSD symptoms.

## Other of Interest

Breiding MJ, Basile KC, Klevens J, Smith SG.

### **Economic Insecurity and Intimate Partner and Sexual Violence Victimization.**

Am J Prev Med. 2017 Oct;53(4):457-464. PMID: [28501239](#)

From a national telephone survey of US adults, “Robust associations were found between food and housing insecurity experienced in the preceding 12 months and IPV and SV experienced in the preceding 12 months, for women and men, even after controlling for age, family income, race/ethnicity, education, and marital status.”

Angelotta C, Appelbaum PS.

### **Criminal Charges for Child Harm from Substance Use in Pregnancy.**

J Am Acad Psychiatry Law. 2017 Jun;45(2):193-203. PMID: [28619859](#)

In a review of legal cases of women prosecuted with a crime as a result of substance use during pregnancy, “Charges included child endangerment, child abuse, drug delivery, attempted aggravated child abuse, chemical endangerment of a child, child neglect, child mistreatment, homicide, manslaughter, and reckless injury to a child. Proceedings resulted in dismissal of the charges or convictions overturned for 86.2 percent of the women. In all of the cases, the judicial decision depended on the disposition of the question of whether, for the purpose of adjudicating the criminal charges, a fetus is a child.”

### **Salameh HOG, Salameh RJ, Shwaiki M, Abder-Rahman H. Forensic medical aspects of femicide in Jordan.**

J Forensic Leg Med. 2018 May;56:90-93. PMID: [29621696](#)

From a review of 100 female Jordanian homicide victims, [52% were honor killing](#), 33% fatal IPV, 5% DV with killer a family member, and 10% non-related murders. Of honor killings, 69% of victims were aged 15-24, and 54% of offenders were the victim’s brothers of whom 58% were under age 18.



**TABLE 1.** *Types of elder mistreatment and guidance for assessment in the ED†*

Types of mistreatment and its definition	Estimated prevalence <sup>16</sup>	Evaluation questions	Observation
<b>Financial exploitation</b>	1–9%		
Unauthorised or improper use of property or finances		Is your money used without your permission or stolen?	
Forced changes to a will or other legal document		Have you been forced to sign any legal document or documents that you did not understand against your will?	
Denial of the right of access to, or control over, personal funds		Does your caregiver depend on you for shelter or money?	
<b>Neglect</b>	0–6%		
Failure of a caregiver to provide the necessities of life to an older person		Is your home safe?	Poor hygiene
Not providing adequate food, shelter, clothing, medical care or dental care		Has anyone not helped you when you needed it?	Cachexia
Refusal to permit other people to provide appropriate care			Pressure injuries, particularly those with no evidence of active management
Underuse of medication, and poor hygiene or personal care			
<b>Psychological abuse</b>	1–6%		
Threatening or coercive		Are you sad or lonely often?	Caregiver who insults, threatens or infantilises the patient
Actions that cause fear of violence, isolation or deprivation		Do the people who care for you threaten you with punishment or being put in an institution?	
Controlling behaviour including access to transport, telephone, money		Are medications or foods ever forced on you?	
Humiliation, harassment		What happens if you and your caregiver disagree?	
Threats of physical harm or institutionalisation			
<b>Physical abuse</b>	0–5%		
Injured, assaulted or threatened		Do you trust most of the people in your family?	Multiple injuries at varied stages of healing
Hitting, pushing, burning		Are you afraid of anyone at home?	Traumatic alopecia
Physical restraint and overmedication		Do you feel safe at home?	Broken teeth
		Has anyone close to you tried to hurt or harm you recently?	Patterns of bruises inflicted by object with characteristic shape/clustering of bruises
		Have you been locked in a room or tied down?	Bilateral arm bruises; burns (ropes, cigarettes, iron, hot water)
<b>Sexual abuse</b>	0–1%		
Sexual contact against the older person's will		Has anyone touched you sexually without your permission?	Bleeding, discharge or lacerations in rectum or vagina
Unable to understand the act or communicate			
Indecent assault, sexual harassment, violent rape			

†Evaluation questions and observations adapted from various resources.<sup>17–20</sup> Estimated prevalence from WHO for high- and middle-income countries.<sup>16</sup>