Child Abuse

Lebel CA, McMorris CA, Kar P, et. al.
Characterizing adverse prenatal and postnatal experiences in children.
Birth Defects Res. 2019 Jul 15;111(12):848-858. PMID: 30690931

“Prenatal and postnatal adversities, including prenatal alcohol exposure (PAE), prenatal exposure to other substances, toxic stress, lack of adequate resources, and postnatal abuse or neglect, often co-occur. These exposures can have cumulative effects, or interact with each other, leading to worse outcomes than single exposures.” In this study of 77 Canadian maltreated children, “Nearly all children had co-occurring prenatal exposures, and two-thirds had both prenatal and postnatal adversities.”

<table>
<thead>
<tr>
<th>Exposure type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Prenatal alcohol exposure</td>
<td>Consumption of any form of alcohol during pregnancy</td>
</tr>
<tr>
<td>Other prenatal substance exposure</td>
<td>Exposure to harmful substances including marijuana, nicotine, cocaine, methamphetamine, and opioids during pregnancy.</td>
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<tr>
<td>Other prenatal toxic stress</td>
<td>Harm or threat of harm to the mother and fetus during pregnancy; lack of prenatal care, housing, food, or income to meet needs; maternal mental health problems.</td>
</tr>
<tr>
<td>Early postnatal deprivation (&lt;24 months)</td>
<td>The basic needs of the child not being met or a risk of needs not being met, including attachment needs.</td>
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<tr>
<td>Late postnatal deprivation (≥24 months)</td>
<td>Same as above</td>
</tr>
<tr>
<td>Early postnatal threat</td>
<td>Harm or threat of harm, including physical, emotional, sexual abuse; or witnessing violence, substance abuse, or criminal activity in the home.</td>
</tr>
<tr>
<td>Late postnatal threat (≥24 months)</td>
<td>Same as above</td>
</tr>
</tbody>
</table>

Wood JN, Henry MK, Berger RP, et. al.
Use and Utility of Skeletal Surveys to Evaluate for Occult Fractures in Young Injured Children.

“Of 1769 children aged <24 months with non-motor-vehicle-related bruises, burns, fractures, abdominal injuries, and head injuries at 4 children’s hospitals between 2008 and 2012...Skeletal surveys were performed most frequently in children with traumatic brain injuries (64.7%) and rib fractures (100%) and least frequently in those with burns (2.1%) and minor head injuries (4.4%). In adjusted analyses, older age, private insurance, and reported history of accidental trauma were associated with decreased skeletal survey use. The prevalence of occult fractures on skeletal surveys ranged from 24.6% in children aged 0 to 5 months to 3.6% in those aged 18 to 24 months, and varied within age categories based on the presenting injury.”

Mullen S, Begley R, Roberts Z, Kemp AM.
Fifteen-minute consultation: Childhood burns: inflicted, neglect or accidental.
Arch Dis Child Educ Pract Ed. 2019 Apr;104(2):74-78. PMID: 29934360

“Burns are a relatively common injury in children accounting for over 50 000 UK emergency department attendances each year. An estimated 1 in 10 of these are due to maltreatment...A burn associated with maltreatment may be a marker for future abuse or neglect and it is paramount that concerns are identified and addressed at the initial visit.”

![Burn marks](image)
Adult Manifestations of Child Abuse


Review of the association between exposure to early adversity, including childhood trauma and prenatal stress, and lifelong elevated risk to develop a broad range of diseases; gene-environment interactions; epigenetic and other processes of biological embedding of early adversity; and intergenerational transmission of risk. Authors advocate that this knowledge must now be translated into interventions, “in order to efficiently prevent or reverse adverse health outcomes.”


From a telephone survey of 86,968 adults from 9 states, stratified by age and ACE score, “Among younger respondents, those reporting ≥4 ACEs had two to four times the risk for each chronic condition and poor health status compared to respondents reporting no ACEs...Young adults with high ACE scores are at increased risk of early-onset chronic disease. Trauma-informed care and ACEs prevention are crucial public health priorities.”


“Overall, trauma experienced during childhood was associated with an increased prevalence of poor sleep across multiple sleep dimensions, particularly when the trauma occurred during childhood vs. adolescence, when accompanied with recent distress or anxiety, and when the trauma event was perpetrated by a care-giver or someone the victim regarded as socially close.”


The renin-angiotensin-aldosterone-system (RAAS) is a hormone system that regulates blood pressure and fluid balance. In this study of 2016 German adults, severity of childhood trauma was associated with increased aldosterone, adult trauma was associated with increased renin, those with PTSD or both childhood and adult trauma experienced elevations of both renin and aldosterone, and neglect did not seem to impact this system.


In a study of 1288 gamers, ACEs, dissociation (absorption, depersonalization and amnesia), and relationship anxiety were significant risk factors for symptoms of gaming disorder.
Adolescents

Rodway C, Tham SG, Ibrahim S, et. al.
Children and young people who die by suicide: childhood-related antecedents, gender differences and service contact.
BJPsych Open. 2020 May 11;6(3):e49. PMID: 32390589
From a case series of 595 suicides in UK teens aged 10-19, 71% were male, and 74% of deaths occurred in those aged 17-19. Previous and recent stressors (reported more by girls) included witnessing domestic violence, bullying, self-harm, bereavement (including by suicide), and academic pressures. Stressors reported more by boys included drug misuse and workplace problems. 60% had been in contact with specialist children’s services.

Langevin R, Hébert M, Bergeron SJ, et. al.
Sleep problems and interpersonal violence in youth in care under the Quebec Child Welfare Society.
Sleep Med. 2019 Apr;56:52-56. PMID: 30545802
For 315 Canadian teens in residential care, the experiences of interpersonal violence, and particularly sexual abuse, were associated with sleep disturbances over and above gender and mental health symptoms such as depression.

Beal SJ, Kashikar-Zuck S, King C, Black W, Barnes J, Noll JG.
Heightened risk of pain in young adult women with a history of childhood maltreatment: a prospective longitudinal study.
Pain. 2020 Jan;161(1):156-165. PMID: 31593001
For 477 teen girls followed to age 24, those with a documented history of childhood abuse vs. those who did not, were significantly more likely to report more pain, more pain intensity, and more pain locations, especially if they also had PTSD.

Domestic Violence – Effects on Children

Pastor-Moreno G, Ruiz-Pérez I, Henares-Montiel J, Petrova D.
Intimate partner violence during pregnancy and risk of fetal and neonatal death: a meta-analysis with socioeconomic context indicators.
From this world-wide research review, “Pregnant women who experience intimate partner violence during pregnancy may be about 3 times more likely to suffer perinatal death [death of the later fetus/newborn] compared with women who do not experience intimate partner violence. It should be a priority to include intimate partner violence screenings or other detection strategies in pregnancy monitoring or family-planning programs.”

Fok CCT, Hayes DK, Curtis AB, Nihoa WK, Shim MJ.
Using data from 5572 Hawaiian women with a recent live birth, 10.0% had self-reported postpartum depression symptoms, and 27.7% possible symptoms. These symptoms were highest among women who experienced IPV (2.65 increased odds), prenatal anxiety (2.10), prenatal depression (2.78), or used illicit drugs before pregnancy (1.97).

Domestic Violence – Physical Health
Chandan JS, Thomas T, Bradbury-Jones C, et al.  
Risk of Cardiometabolic Disease and All-Cause Mortality in Female Survivors of Domestic Abuse.  
J Am Heart Assoc. 2020 Feb 18;9(4):e014580. PMID: 32063124  
Of 18,547 UK primary care female patients exposed to domestic abuse (DA), compared to 72,231 who were not, “There is an increased risk of subsequent cardiovascular disease, type 2 diabetes mellitus, and all-cause mortality in female survivors of DA.”

Loder RT, Momper L.  
Demographics and Fracture Patterns of Patients Presenting to US Emergency Departments for IPV.  
“There were 1.65 million emergency department visits over nine years [US nationally] for IPV. The median age was 29.8 years, 83.3% were women, and 55.3% occurred at home. The major diagnoses were contusion/abrasions (43.4%), lacerations (16.9%), strain/sprains (15.6%), internal organ injuries (14.4%), and fractures (9.7%). The most common fracture involved the face (48.3%), followed by the finger (9.9%), upper trunk (9.8%), and hand (6.4%).”

Domestic Violence – Mental Health

Fatke B, Hölzle P, Frank A, Förstl H.  
[COVID-19 Crisis: Early Observations on a Pandemic’s Psychiatric Problems].  
Dtsch Med Wochenschr. 2020 May;145(10):675-681. PMID: 32274787 [Article in German]  
“We have recently observed several clusters of psychiatric symptoms in the context of COVID-19: (1) increased anxiety in psychiatric in- and outpatients with different diagnoses; (2) more cases of domestic violence often associated with increased drug- or alcohol-consumption in offenders and victims; (3) a nihilistic "apocalyptic" syndrome of elderly patients cut-off from their families; (4) visual and acoustic hallucinoses due to pneumonia and sepsis-related confusional states.”

Elder/Dependent Adult Abuse

Wilber KH.  
Combating Elder Mistreatment: Still Muddling-Not Yet Transformed.  
Editorial comment on a research article in the journal analyzing programs designed to identify, treat, or prevent elder abuse. Author comments than none of these programs had an impact on the safety of older adults, notes the minimal involvement of most physicians and acute care hospitals in this area of care, and identifies a wide variety of barriers and research needs.

Dyer CB, Halphen JM, Lee J, et.al.  
Stemming the Tide of Elder Mistreatment: A Medical School-State Agency Collaborative.  
Acad Med. 2020 Apr;95(4):540-545. PMID: 31599756  
“Medical school-state agency partners overcame institutional and bureaucratic barriers to work collaboratively on mutually beneficial projects, including research and publications. Interprofessional students gained first-hand experience about abuse and neglect cases. As of 2019, there are 4 divisions: Clinical and Forensic Evaluation, Education and Outreach, Research and Program Evaluation, and Senior Justice.”

LGBTQ Concerns

Du Mont J, Kosa SD, Solomon S, Macdonald S.  
Assessment of nurses’ competence to care for sexually assaulted trans persons: a survey of Ontario’s Sexual Assault/Domestic Violence Treatment Centres.  
In a survey of nurses from 35 hospital–based Canadian violence treatment centers, “73.1% indicated that they had little or no expertise in caring for trans clients who have been sexually assaulted and 95.7% strongly agreed/agreed that they would benefit from (additional) training...feeling comfortable with only 9 out of 31 competencies.”
Taliaferro LA, McMorris BJ, Rider GN, Eisenberg ME.  
Risk and Protective Factors for Self-Harm in a Population-Based Sample of Transgender Youth.  
Arch Suicide Res. 2019 Apr-Jun;23(2):203-221. PMID: 29461934

Of 1635 transgender/gender non-conforming adolescents in grades 9 and 11, “Over half (51.6%) of transgender/GNC adolescents reported past-year self-harm behavior. Factors that consistently distinguished transgender/GNC youth who reported self-harm from those who reported no self-harm included reports of a mental health problem, depression, running away from home, and substance use (alcohol or marijuana).” Factors that distinguished the self-harm group with suicidality vs. non-suicidality were “a mental health problem, physical or sexual abuse, relationship violence, bullying victimization, less parent connectedness, lower grades, lower levels of perceived school safety, and running away from home.”

Bloemen EM, Rosen T, LoFaso VM, et. al.  
Lesbian, Gay, Bisexual, and Transgender Older Adults’ Experiences With Elder Abuse and Neglect.  

From focus groups with LGBT elders, “Commonly reported etiologies included: social isolation due to discrimination, internalization of stigma, intersection of discrimination from multiple minority identities, and an abuser’s desire for power and control. Participants were somewhat hesitant to report to police; however, most felt strongly that they would not report abuse to their medical provider. Strategies participants suggested to improve outreach included: increasing awareness about available resources and researchers engaging with the LGBT community directly...this population faces a greater risk of abuse and likely experiences abuse differently and needs different resources.”

Race/Cultural Concerns

Thames AD, Irwin MR, Breen EC, Cole SW.  
Experienced discrimination and racial differences in leukocyte gene expression.  

Of 71 adults European American/White and African American/Black both with and without HIV+, reported differential exposure to racial discrimination accounted for 50% of the increased pro-inflammatory pathways found in Black participants. “Racial discrimination may contribute to racial disparities in health outcomes in part by activating threat-related molecular programs that stimulate inflammation and contribute to increased risk of chronic illnesses.”

Colen CG, Li Q, Reczek C, Williams DR.  
The Intergenerational Transmission of Discrimination: Children’s Experiences of Unfair Treatment and Their Mothers’ Health at Midlife.  
J Health Soc Behav. 2019 Dec;60(4):474-492. PMID: 31912765

From a national longitudinal study, “children who report more frequent instances of discrimination have mothers whose self-rated health declines more rapidly between ages 40 and 50 years...the negative health impacts of discrimination are likely to operate in a bidirectional fashion across key family relationships.”

Williams DR, Lawrence JA, Davis BA, Vu C.  
Understanding how discrimination can affect health.  
Health Serv Res. 2019 Dec;54 Suppl 2:1374-1388. PMID: 31663121
Sexual Assault

MacGregor KE, Villalta L, Clarke V, et. al.
A systematic review of short and medium-term mental health outcomes in young people following sexual assault.

In a review of research studies of young persons aged 10-24 who experienced sexual assault, results found up to 60% with PTSD at 12 months post-assault. Anxiety and depressive symptoms were highest in the immediate aftermath and generally reducing over 4-12 months post-assault. “There is a paucity of longitudinal research” extending after the first year.

Smit MJ, Scheffers M, Emck C, van Busschbach JT, Beek PJ.
Clinical characteristics of individuals with intellectual disability who have experienced sexual abuse. An overview of the literature.

From a research review, “Similar to individuals with average IQ or above, sexual abuse in individuals with ID is associated with a broad range of behavioural and psychological characteristics. Conduct disorders, self-injury, inappropriate sexualised talk and poor feelings of personal safety seem to be more indicative for the ID population.”

Gilbert L, Sarvet AL, Wall M, et. al.
Situational Contexts and Risk Factors Associated with Incapacitated and Nonincapacitated Sexual Assaults Among College Women.

From an online survey of 1671 NY female college students with a 67% response rate, 47% who experienced sexual assault reported being incapacitated due to alcohol or drugs. Being at a party before the event, and acquaintance perpetrators were associated with incapacitated sexual assault. Verbal coercion, use of physical force, and the perpetrator being an intimate partner or through a dating app were associated with nonincapacitated assault. “The different situational contexts...have important implications for the design of prevention strategies.”

Human Trafficking

Stevens S, Acker S, Green K, et. al.
Understanding the mental health impact of human trafficking.

“For individuals who have endured trauma in the hands of human traffickers, the trauma is usually of long duration and attacks the core of their selfhood. This complex and devastating problem has social, cultural, economic, political, medical, psychological, and psychiatric complexities. These complexities interact simultaneously in a way that overwhelms, controls, and constrains victims, creating barriers not only for the victims but also for the systems that currently exist to address the problems...With a comprehensive approach to human trafficking, survivors may move from isolation to integration.”

Perpetrators

Chopin J, Beauregard E.
Sexual Homicide: a Criminological Perspective.
Curr Psychiatry Rep. 2019 Nov 16;21(12):120. PMID: 31734801

“International comparisons suggest that sexual homicide presents more similarities than differences across countries...Comparisons with other types of violent offenders highlight that sexual murderers are a specific type of offender...psychopathy and sadism are important characteristics...Creation of new international databases allows research to confirm and increase knowledge.”

Parr J, Pearson D.
Non-Offending Minor-Attracted Persons: Professional Practitioners’ Views on the Barriers to Seeking and Receiving Their Help.
J Child Sex Abus. 2019 Nov-Dec;28(8):945-967. PMID: 31525147

Non-offending minor-attracted persons face barriers to treatment including accessibility and perceived risk of disclosure. Professionals suggested increasing publicity about treatment, educating the public, and offering enhanced training to professionals to help this population manage their attraction in a pro-social way.
Police and Court Systems

Anderson VR, Walerych BM.

Contextualizing the nature of trauma in the juvenile justice trajectories of girls.

“The proportion of girls involved in the juvenile justice system has steadily increased over the last few decades...girls experience high rates of family violence, neglect, emotional trauma, and sexual abuse...these events were often connected to their pathways into the justice system...[need to] shift the focus from trauma as an individual-level deficit to an ecological understanding of trauma and the integration of trauma-informed practice in juvenile justice contexts.”

Providers

Correa NP, Cain CM, Bertenthal M, Lopez KK.

Women's Experiences of Being Screened for Intimate Partner Violence in the Health Care Setting.

From focus groups with IPV survivors in Houston, Texas, only 50% of participants were screened in the healthcare setting, and many were screened in front of their abuser. “Most studies on IPV screening look at IPV screening rates, IPV disclosure rates, and provider surveys, but they do not include measures to determine whether healthcare providers are following a protocol or best practices when screening.”

BOX 2  IPV FOCUS GROUP CODEBOOK OF THEMES AND SUBTHEMES

1. IPV Transcends Physical Abuse, and Its Effects Are Long Lasting
   A. Emotional, psychological, and verbal abuse; isolation
   B. Financial abuse
   C. Involves guns/threat of guns
   D. Chronic and mental illnesses (effect)
   E. Emotional pain and fear (effect)
   F. Abusers' control/actions affected windows of opportunity to seeking help
   G. Physical/sexual abuse
2. Families Play a Pivotal Role in Staying in or Leaving a Relationship With IPV
   A. Family (survivor's and abuser’s) know about abuse
   B. Abuse disclosed to family
   C. Children act as push and pull to seeking help
   D. Culture and family histories (tumori) are intertwined in IPV
   E. Perceptions of the abuser (love/Father) as a barrier to seeking help
   F. Understanding custody laws (+/- in help seeking)
3. IPV Coping/Processing Is Individualized, and Survivors' Awareness and Responses Are Dynamic Over Time
   A. Not aware of abuse
   B. Acceptance/denial
   C. Telling behavior
      i. Told someone readily
      ii. Did not tell/silence
   D. Projected a perfect family to community
   E. Personal help-seeking/research: hotlines, shelters
4. Screening in Health Care Settings Must Be Improved to Effectively Identify and Refer IPV Survivors
   A. Providers should improve rapport (e.g., listening, eye contact)
      i. Providers need to show that they care
   B. Screening should take place alone
   C. Screening should outline next steps and/or critical information beforehand
   D. Questions should be more specific and emphasize nonphysical IPV aspects
   E. Referral/follow-up should be tailored to the individual's needs
   F. Presence of screening
      i. Asked by provider
      ii. Not asked by provider
   G. Abuse during pregnancy/miscarriage
      i. Obstetrics and gynecology is a good place to screen
Aboutanos MB, Altonen M, Vincent A, et. al.  
**Critical call for hospital-based domestic violence intervention: The Davis Challenge.**  
*J Trauma Acute Care Surg.* 2019 Nov;87(5):1197-1204. PMID: 31343600  
As a hospital-based IPV program was developed, there was 20% IPV prevalence. “Primary mechanisms [of injury] were firearm (44%) or stabbing (34%). Survivors were perpetrated by a cohabiting (42%) or dating partner (18%). Forty percent had no health insurance. Advocates provided 62% case management. Survivors received victim crisis funds (16%), safety planning (68%), crisis intervention (78%), sexual and domestic violence education (83%), and community referral (83%).” Within 5 years, 31 (4%) were readmitted for IPV-related injuries, and there were two IPV deaths.

**A Qualitative Study Examining Stakeholder Perspectives of a Local Child Abuse Program in Community Emergency Departments.**  
After a program to educate and support providers at community emergency departments on recognition and management of child abuse, “Key steps to facilitate implementation include the identification of committed local champions, strong leadership support, connections to experts, program publicity, and support of the champions' time.”

Voth Schrag RJ, Ravi KE, Robinson SR.  
**The Role of Social Support in the Link Between Economic Abuse and Economic Hardship.**  
“Interventions that seek to enhance survivors' access to social support may be necessary but not sufficient to buffer the impacts of violence on survivors' economic outcomes. A mix of direct economic aid, advocacy, education and support could provide a blueprint for addressing the economic hardship experiences of community-dwelling survivors of economic abuse.”

Bortolon C, Raffard S.  
**Affective and cognitive factors associated with hallucination proneness in the general population: the role of shame and trauma-related intrusions.**  
“Our results reinforce the importance of considering previous experiences of trauma and trauma-related symptoms, including feelings of shame in individuals experiencing hallucinations...compassion-focused therapy, whose primary goal is to reduce shame by increasing self-compassion, could have a significant effect on voices whose content is hostile.”

Williams VN, Ayele R, Shimasaki S, Tung GJ, Olds D.  
**Risk assessment practices among home visiting nurses and child protection caseworkers in Colorado, United States.**  
*Health Soc Care Community.* 2019 Sep;27(5):1344-1352. PMID: 31157940  
“NFP and CPS workers may have different roles and responsibilities but their underlying goals are the same - to keep children and their families safe and healthy...Although there were similarities in the types of risks assessed, we found variations in work processes, operational definitions and methods of risk assessment between the two organisations that impacted inter-organisational collaboration.”

Wachter K, Schrag RV, Wood L.  
**Coping Behaviors Mediate Associations between Occupational Factors and Compassion Satisfaction among the Intimate Partner Violence and Sexual Assault Workforce.**  
“Overall, IPV/SA workers who engaged more frequently in a range of coping behaviors reported higher levels of compassion satisfaction...[this has] implications for organizational and employee practice, including building in worktime for key individual coping behaviors, balancing workloads among staff members, and enhancing organizational level coping strategies.”

**Prevention**

Phojanakong P, Welles S, Dugan J, et. al.  
**Trauma-Informed Financial Empowerment Programming Improves Food Security Among Families With Young Children.**  
After controlling for ACEs and depression, of 372 parents of children aged <6 years participating in assistance for needy families, those who fully participated in a trauma-informed series of classes addressing previous exposures to trauma and financial skills were 55% less likely to subsequently face household food insecurity compared to those who did not attend.
Poehlmann-Tynan J, Engbretson A, Vigna AB, et. al.  
Cognitively-Based Compassion Training for parents reduces cortisol in infants and young children.  
Infant Ment Health J. 2020 Jan;41(1):126-144. PMID: 31583748  
While 24 parents of children 4 months to 5 years did not have significantly measured changes after a Cognitively-Based Compassion Training class compared to a waitlist control, their children experienced significant decreases in cortisol (stress hormone).

Scanlon F, Schatz D, Scheidell JD, et. al.  
National Study of Childhood Traumatic Events and Adolescent and Adult Criminal Justice Involvement Risk: Evaluating the Protective Role of Social Support From Mentors During Adolescence.  
“With nearly 11 million people in the United States arrested in 2015, the need to identify antecedent risk factors driving criminal justice involvement (CJI) and possible mitigating factors is crucial.” In this study of 12,288 adolescents from 1995 to 2008, “Cumulative exposure to childhood trauma was associated with CJI in adolescence (adjusted odds ratios ranging from 2.24 to 25.98) and adulthood (1.82-6.69), and parental incarceration was consistently one of the, if not the, most strongly associated with each form of CJI; the strength of these associations was weakened for those who reported a close mentor.”

Researchers

Yount KM, Lewis PC, Clark CJ, Heise L, Naved RT, Maxwell L.  
Development and validation of the LoVI: the Laws on Violence against women and girls Index.  
“We developed the Laws on Violence against Women and Girls Index (LoVI) to measure global progress to develop comprehensive national legislation against child marriage, sexual harassment, domestic violence, and marital rape.”

Finlay I, Gilmore I.  
Covid-19 and alcohol—a dangerous cocktail.  
BMJ. 2020 May 20;369:m1987. PMID: 32434792  
British editorial notes the harms of isolation and alcohol, including stressors on those already with alcohol use disorders, and the known complex effects of alcohol on domestic violence. “In the week to 21 March, alcohol sales were up 67%. In comparison, overall supermarket sales increased by only 43%...it is increasingly clear that if we don’t prepare for emerging from the pandemic, we will see the toll of increased alcohol harm for a generation...The health and economic harms from alcohol have previously mirrored changes in society, and in bad times they get worse. A healthy population drives a healthy economy.”

Aguirre NG, Milewski AR, Shin J, Ottenheimer D.  
Gender-based violence experienced by women seeking asylum in the United States: A lifetime of multiple traumas inflicted by multiple perpetrators.  
J Forensic Leg Med. 2020 May;72:101959. PMID: 32452449  
85 cisgender, female asylum seekers who applied for forensic medical evaluations through a student-run asylum clinic revealed a life-long pattern of multiple types of violence against women inflicted by multiple perpetrators. The median number of abuses per asylum seeker was 10.

Other of Interest

Antwi WK, Reeves P, Ferris C, Aziato L.  
Behavioural beliefs of Ghanaian radiographers and reporting of child physical abuse.