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Child Abuse

Shahi N, Phillips R, Meier M, et. al

The true cost of child abuse at a level 1 pediatric trauma center.

J Pediatr Surg. 2020 Feb;55(2):335-340. PMID: [31744603](#)
 Comparing costs for children experiencing physical abuse (CPA) vs. accidental injury and admitted to a level 1 pediatric trauma center years 2010-2018, CPA patients were younger (1.31 yrs. vs. 8.6); had significantly longer ICU stays, ventilator days and hospital stays; and the overall mortality rate was significantly higher (9.9% vs. 1.2%). Median costs were significantly higher (\$18,000 vs. \$10,100).

Ranade SC, Allen AK, Deutsch SA.

The Role of the Orthopaedic Surgeon in the Identification and Management of Nonaccidental Trauma.

J Am Acad Orthop Surg. 2020 Jan 15;28(2):53-65. PMID: [31478917](#)

Review article for orthopedic surgeons on childhood nonaccidental trauma (NAT), including risk factors, history, physical and behavioral signs, choices for imaging and lab studies, biological mimics, management, and mandatory reporting.

Historical Indicators of Abuse

- No/vague explanation for a significant injury
- Denial of trauma in setting of significant bony injury
- Mechanism of injury not consistent with fracture type, energy associated with fracture or severity of injury
- Injury inconsistent with the child's physical and/or developmental capabilities
- Inconsistent history across caregivers or changing histories provided by caregivers
- Different witnesses with different explanations
- Injuries resulting from a family/domestic violence incident
- Previous history of inflicted trauma
- Witnessed inappropriate behavior to a child placing them at risk of NAT
- Delay in seeking care for injury

Narang SK, Fingarson A, Lukefahr J, et. al.

Abusive Head Trauma in Infants and Children.

Pediatrics. 2020 Apr;145(4). pii:e20200203. PMID: [32205464](#)
 Policy statement and recommendations re: abusive head trauma from the American Academy of Pediatrics.

Duhaime AC, Christian CW.

Abusive head trauma: evidence, obfuscation, and informed management.

J Neurosurg Pediatr. 2019 Nov 1;24(5):481-488. PMID: [31675688](#)

Review of current practices and controversies relating to abusive head trauma in children, including recognition, evaluation, differential diagnosis, management, and legal interventions.

Jedwab M, Xu Y, Keyser D, Shaw TV.

Children and youth in out-of-home care: What can predict an initial change in placement?

Child Abuse Negl. 2019 Jul;93:55-65. PMID: [31063903](#)
 Of 4177 children from one state placed in out-of-home care and followed for 3 years, 53% experienced placement change during that time. "Placement instability has deleterious effects on children's well-being." Risk factors that significantly increased the likelihood of placement change included older children, children with behavioral problems, parental substance abuse, cases in which the parents voluntarily gave up their parental rights, and certain types of placement.

Crouch E, Radcliff E, Brown M, Hung P.

Exploring the association between parenting stress and a child's exposure to adverse childhood experiences (ACEs).

Child Youth Serv Rev. 2019 Jul;102:186-192. PMID: [32489224](#)
 From a national survey, "About 4.4% of caregivers reported 'high parenting stress', and children living with them were three times more likely to experience four or more ACEs by the age of 18. Lowering parenting stress through parenting interventions could decrease the level of childhood trauma experienced by a child."

Dreßing H, Dölling D, Hermann D, et. al.

Sexual Abuse at the Hands of Catholic Clergy.

Dtsch Arztebl Int. 2019 May 31;116(22):389-396. PMID: [31366429](#)

From a commission on sexual abuse by German Catholic Clergy, 4.4% of overall clergy were accused of sexual abuse of minors. 3677 victims were identified, 62.8% were male, 66.7% were under 14 years old when the abuse took place, and mean duration of abuse was 1.3 years.

Adult Manifestations of Child Abuse

Hughes K, Ford K, Kadel R, Sharp CA, Bellis MA.

Health and financial burden of adverse childhood experiences in England and Wales.

BMJ Open. 2020 Jun 7;10(6):e036374. PMID: [32513892](#)

“Nearly half of all adults in England and Wales experienced some form of ACE as a child and around one in ten experienced ≥ 4 ACEs...The greatest ACE-attributable costs were for mental illness and cancer...Mental illness carries one of the highest costs to health systems in England and Wales and also creates substantial pressure on educational, social and criminal justice systems....Across all outcomes, the total annual ACE-attributable cost was estimated at £42.8 billion.”

Demakakos P, Linara-Demakakou E, Mishra GD.

Adverse childhood experiences are associated with increased risk of miscarriage in a national population-based cohort study in England.

Hum Reprod. 2020 Jun 1;35(6):1451-1460. PMID: [32510136](#)

From a British survey of 2795 postmenopausal women, 19.8% reported experiencing at least one miscarriage. After controlling for multiple factors, “Compared with women with no ACE, women with ≥ 3 ACE were two times more likely to experience a single miscarriage in their lifetime and more than three times more likely to experience recurrent miscarriages. Childhood experiences of physical and sexual abuse were [also] individually associated with increased risk of miscarriage.”

Duncan R, Mulder R, Wilkinson SH, Horwood J.

Medically Unexplained Symptoms and Antecedent Sexual Abuse: An Observational Study of a Birth Cohort.

Psychosom Med. 2019 Sep;81(7):622-628. PMID: [31274823](#)

In this ongoing study of a group of New Zealanders, and controlling for multiple variables, severe childhood sexual abuse (attempted/completed sexual penetration) was associated with a 5 times increased risk of having a diagnosis of “medically unexplained symptoms”.

Steine IM, Skogen JC, Krystal JH, et. al.

Insomnia symptom trajectories among adult survivors of childhood sexual abuse: A longitudinal study.

Child Abuse Negl. 2019 Jul;93:263-276. PMID: [31129428](#)

Of 533 Norwegian adult survivors of childhood sexual abuse, 94.9% women with mean age 39.2 years, those reporting high levels of insomnia symptoms (almost 1/3), were more likely to have

experienced abuse onset at a younger age, threats, physical violence, PTSD symptoms, and lower levels of perceived social support.

Goodman JB, Freeman EE, Chalmers KA.

The relationship between early life stress and working memory in adulthood: A systematic review and meta-analysis.

Memory. 2019 Jul;27(6):868-880. PMID: [30588865](#)

A research review suggests that exposure to early life stress is associated with poorer working memory in adulthood, including multiple parameters of types of working memory, in adults with and without mental health symptoms. Authors recommend future areas of research.

Coffino JA, Grilo CM, Udo T.

Childhood food neglect and adverse experiences associated with DSM-5 eating disorders in U.S. National Sample.

J Psychiatr Res. 2020 Aug;127:75-79. PMID: [32502721](#)

From a large national study, and despite controlling for other adverse childhood experiences and financial difficulties during childhood, childhood food neglect was associated with increased risk of adult anorexia nervosa and binge-eating disorder.

Ford K, Bellis MA, Hughes K, Barton ER, Newbury A.

Adverse childhood experiences: a retrospective study to understand their associations with lifetime mental health diagnosis, self-harm or suicide attempt, and current low mental wellbeing in a male Welsh prison population.

Health Justice. 2020 Jun 12;8(1):13. PMID: [32533348](#)

Of 468 male adult Welsh prisoners, 84.2% reported at least one ACE and 45.5% 4+ACEs. “Male prisoners who have suffered multiple ACEs are substantially more likely to have a lifetime mental illness diagnosis, self-harm or suicide attempt, and to have current low mental wellbeing.”

Ross ND, Kaminski PL, Herrington R.

From childhood emotional maltreatment to depressive symptoms in adulthood: The roles of self-compassion and shame.

Child Abuse Negl. 2019 Jun;92:32-42. PMID: [30908992](#)

“Emotional abuse and emotional neglect can undermine the formation of self-compassion. Low self-compassion predicts greater shame and depressive symptoms. Our model suggests self-compassion may be a particularly effective intervention point for survivors of emotional maltreatment.”

Campbell K, Raffanti SP, Nash R.

Adverse Childhood Event Scores Associated With Likelihood of Missing Appointments and Unsuppressed HIV in a Southeastern U.S. Urban Clinic Sample.

J Assoc Nurses AIDS Care. 2019 Nov-Dec;30(6):605-606.

PMID: [31433360](#)

Of 155 adults at a large urban HIV clinic, those with 3 ACEs were three times more likely to no-show for care, and those with 4+ACEs were eight times more likely to no-show for care and twice as likely to have a higher HIV viral load...“We have had excellent rates of HIV suppression in our program, and we attribute this in part to our use of ACE and other psychosocial screening tools to help patients and providers uncover, explore, and, hopefully, heal old wounds that interfere with successful HIV management in adulthood.”

Adolescents

Ragavan MI, Culyba AJ, Muhammad FL, Miller E.

Supporting Adolescents and Young Adults Exposed to or Experiencing Violence During the COVID-19 Pandemic.

J Adolesc Health. 2020 Jul;67(1):18-20. PMID: [32409152](#)

“COVID-19 pandemic is both transforming the epidemiology of violence experienced by adolescent and young adults (AYAs) and impacting AYA-serving programs and services designed to prevent violence and mitigate negative health sequelae.” Authors provide case examples and recommend actionable, trauma-sensitive practices including confidentiality and safety during telehealth visits.

Fernández-González L, Calvete E, Orue I.

The Role of Acceptance of Violence Beliefs and Social Information Processing on Dating Violence Perpetration.

J Res Adolesc. 2019 Sep;29(3):763-776. PMID: [29900616](#)

From surveys of 855 high school students, “anger emotions in dating conflict situations, along with aggression-justifying beliefs, were revealed as essential in explaining dating violence. Previous aggression also explained a subsequent higher anticipation of positive consequences for aggressive acts. We discuss the implications for prevention and treatment strategies with adolescents.”

Watt T, Ceballos N, Kim S, Pan X, Sharma S.

The Unique Nature of Depression and Anxiety among College Students with Adverse Childhood Experiences.

J Child Adolesc Trauma. 2019 Jul 2;13(2):163-172. PMID: [32549928](#)

In this sample of 93 college students, “students with 4 or more ACEs are more likely to have depression

and anxiety than students without these experiences.” In addition, researchers found inflammatory markers associated with mental health disorders among students with four or more ACEs, but not for students without this history. “These findings suggest that mental disorders associated with four or more ACEs may be uniquely tied to physiological processes, and consequently, warrant tailored treatments.”

Del Valle Tena O, Benjet C, Medina-Mora ME, et. al.

Chronic childhood adversity and speed of transition through stages of alcohol involvement.

Drug Alcohol Depend. 2019 Dec 1;205:107669. PMID: [31698324](#)

Of 915 Mexican adolescents followed over 8 years, usual transition time from the first opportunity to drink alcohol to alcohol use disorder was roughly cut in half for those exposed to childhood physical illness, physical abuse, sexual abuse and witnessing family violence.

Phillips SP, Reipas K, Zelek B.

Stresses, Strengths and Resilience in Adolescents: A Qualitative Study.

J Prim Prev. 2019 Dec;40(6):631-642. PMID: [31659580](#)

59 Canadian adolescents from primary care clinics were interviewed about sources of stress and resilience. “Stress arose from schoolwork and conflicts with friends or family, rather than from socioeconomic adversities. A majority of participants felt able to manage stresses well, finding strength through (1) social connection with family or friends; (2) self-reliant activities including exercise, music or drawing; and (3) personal attributes such as optimism, calmness and competence...Direct, open conversation was particularly effective for building rapport, augmenting strengths by discussing them, and identifying those who were struggling. Similar questions asked in clinical practice may open doors to deep and, perhaps, transformative conversations and evidence-based preventive interventions.”

- | |
|---|
| <ol style="list-style-type: none">1. What are some things in life that cause you stress?2. What are some things about yourself that give you strength and help you handle stress?3. Are there other things or people in your life that give you strength and help you to handle stress?4. When you are upset or stressed about something, what do you find helps you to move on?5. Do you feel like you can handle stress well? |
|---|

Domestic Violence – Effects on Children

Silva EP, Ludermir AB, Lima MC, Eickmann SH, Emond A.
Mental health of children exposed to intimate partner violence against their mother: A longitudinal study from Brazil.

Child Abuse Negl. 2019 Jun;92:1-11. PMID: [30901613](#)
Of 614 Brazilian mother-child pairs, 60.6% of children had been exposed to IPV. Mothers reported behavioral difficulties in 71.7% of these children and teachers reported 59.8%. “The strongest association with behavioral difficulties was with exposure to IPV in the age group 1-2 years.”

Faherty LJ, Kranz AM, Russell-Fritch J, et. al.
Association of Punitive and Reporting State Policies Related to Substance Use in Pregnancy With Rates of Neonatal Abstinence Syndrome.

JAMA Netw Open. 2019 Nov 1;2(11):e1914078. PMID: [31722022](#)
From data on 4,567,963 live births from 8 states, 0.5% of neonates received a diagnosis of neonatal abstinence syndrome (NAS = newborn withdrawal symptoms from exposure during pregnancy to opioid substances). Among newborns with NAS, 14.5% lived in counties without any treatment programs for pregnant woman, 86.9% lived in metropolitan counties, and 34.8% lived in counties in the highest unemployment quartile. In addition, NAS rates were significantly increased in counties with punitive policies towards pregnant women using substances, but not those with simply reporting policies.

Domestic Violence – Physical Health

Marks J, Markwell A, Randell T, Hughes J.
Domestic and family violence, non-lethal strangulation and social work intervention in the emergency department.
Emerg Med Australas. 2020 Aug;32(4):676-678. PMID: [32358907](#)

In this retrospective chart study of DV patients seen in one Australian ED over a year, 26% were identified as having experienced non-lethal strangulation. Of these, only half received an adequate evaluation per Training Institute on

Strangulation guidelines, and only 80% were seen by SW. 85% of assailants were current or ex-partners.

Scott-Storey KA, Hodgins M, Wuest J.

Modeling lifetime abuse and cardiovascular disease risk among women.

BMC Cardiovasc Disord. 2019 Oct 16;19(1):224. PMID: [31619166](#)

227 Canadian women who had left an abusive partner had above average risk factors for cardiovascular disease (CVD) – smoking, overweight/obesity, depressive symptoms, and high blood pressure in comparison to women in the general population. “Further, CVD risk behaviors increased with severity of lifetime abuse and remained present long after leaving the abusive relationship.”

Domestic Violence – Mental Health

Ogbe E, Harmon S, Van den Bergh R, Degomme O.

A systematic review of intimate partner violence interventions focused on improving social support and/ mental health outcomes of survivors.

PLoS One. 2020 Jun 25;15(6):e0235177. PMID: [32584910](#)

This review highlights a variety of IPV interventions that lead to increased social support and improved mental health, although with little evidence of their effect on IPV reduction or increase in healthcare utilization.

Elder/Dependent Adult Abuse

Han SD, Mosqueda L.

Elder Abuse in the COVID-19 Era.

J Am Geriatr Soc. 2020 Jul;68(7):1386-1387. PMID: [32311078](#)

“Coronavirus disease 2019 (COVID-19) is particularly deleterious to older adults, and there has been a massive increase in reports of elder abuse during the pandemic.” Authors propose a model with 3 core and intersecting areas – the vulnerable older adult, the trusted other, and the context in which the abuse occurs – with suggested ways to mitigate each area of risk.

Elman A, Breckman R, Clark S, et. al.

Effects of the COVID-19 Outbreak on Elder Mistreatment and Response in New York City: Initial Lessons.

J Appl Gerontol. 2020 Jul;39(7):690-699. PMID: [32380891](#)

Comprehensive review and practical insights on the impact of social distancing and stay-at-home orders on elders at risk of maltreatment, the profound impact on the organizations serving and protecting this population, and creative solutions and lessons learned in New York City.

Harrington C, Mollot R, Edelman TS, Wells J, Valanejad D.

U.S. Nursing Home Violations of International and Domestic Human Rights Standards.

Int J Health Serv. 2020 Jan;50(1):62-72. PMID: [31696763](#)

“Neglect, abuse, jeopardy to the health and safety of residents, rehospitalizations, and deaths...these problems are clear violations of both international covenants and conventions protecting human rights as well as domestic laws and regulations designed to protect nursing home residents. These widespread violations constitute a failure to protect the basic human rights of residents.”

Olomi JM, Wright NM, Hasche L, DePrince AP.

After Older Adult Maltreatment: Service Needs and Barriers.

J Gerontol Soc Work. 2019 Oct;62(7):749-761. PMID: [31566118](#)

From surveys of 40 older maltreated adults, service needs from highest to lowest were transportation, medical, mental health, household services, and accessing housing and food. They had impediments due to mobility, physical access, technology, interference of family members, and finances. All respondents reported unmet need in spite of the fact that they had received help and were in a service system. “The inability of service providers to help people meet fundamental basic needs can increase risk for maltreatment.”

Burnes D, Acierno R, Hernandez-Tejada M.

Help-Seeking Among Victims of Elder Abuse: Findings From the National Elder Mistreatment Study.

J Gerontol B Psychol Sci Soc Sci. 2019 Jun 14;74(5):891-896. PMID: [30329112](#)

Of 304 past-year victims of elder abuse, only 15.4% sought help through police or other authorities. “Help-seeking was higher among victims of physical abuse, poly-victimization, or those with a perpetrator having prior police trouble. Help-seeking was lower among victims who were dependent upon their perpetrator and in cases where the perpetrator had a large friendship network.”

Mouton CP, Haas A, Karmarkar A, Kuo YF, Ottenbacher K. **Elder abuse and mistreatment: results from medicare claims data.**

J Elder Abuse Negl. 2019 Aug-Dec;31(4-5):263-280. PMID: [31631814](#)

Using Medicare claims data from 2012-2014 for beneficiaries who had a diagnostic code for elder mistreatment discharged from any type of facility, “most were female (65.1%), white (78.8%), over 75 years of age (52.6%), and from an urban setting (85.2%). While the greatest number were discharged from acute care settings, almost one-third were hospitalized in psychiatric hospitals (34.6%). Mood disorders (27.5%) and dementia (14.2%) were the most common primary diagnoses. Hypertension (67.7%), depression (44.6%), fluid and electrolyte disorder (43.6%), and cardiac arrhythmia (28.2%) were the most common co-morbidities.”

Rohringer TJ, Rosen TE, Lee MR, Sagar P, Murphy KJ.

Can diagnostic imaging help improve elder abuse detection?

Br J Radiol. 2020 Jun;93(1110):20190632. PMID: [32108517](#)

Elder abuse detection “presents unique challenges based on characteristics of this vulnerable population, including cognitive impairment, age-related deconditioning, and an increased number of co-morbidities, all of which predispose to increase vulnerability to injury...Barriers limiting the role of radiologists include lack of training and paucity of rigorous systematic research delineating distinctive imaging findings for physical elder abuse.”

Acierno R, Watkins J, Hernandez-Tejada MA, et. al.

Mental Health Correlates of Financial Mistreatment in the National Elder Mistreatment Study Wave II.

J Aging Health. 2019 Aug;31(7):1196-1211. PMID: [29665715](#)

For 774 older adults, “financial mistreatment was associated with significantly increased likelihood of depression, PTSD, general anxiety disorder, and poor self-rated health; and financial mistreatment perpetrated by family members was associated with particularly increased risk of depression.”

Yonashiro-Cho J, Rowan JM, Gassoumis ZD, et. al.

Toward a better understanding of the elder abuse forensic center model: comparing and contrasting four programs in California.

J Elder Abuse Negl. 2019 Aug-Dec;31(4-5):402-423. PMID: [31423950](#)

From an analysis of four elder abuse forensic centers, with similar results and effectiveness, “Commonalities in program structure, processes, and outcomes provide insight into the core model components” for possible replication.

LGBTQ Concerns

Wong JWH, La VV, Lee SE, Raidoo S.

The ALOHA Study: Intimate Partner Violence in Hawai'i's Lesbian, Gay, Bisexual, and Transgender Community.

Hawaii J Health Soc Welf. 2020 Jun 1;79(6):187-193. PMID: [32524097](#)

477 Hawaiian residents who self-identified as LGBT reported overall IPV 68.8%, physical IPV 54.1%, and sexual IPV 49.3%. Overall help-seeking was less than 10%. "Hawai'i's LGBT community has an extremely high prevalence of IPV and a very low prevalence of help-seeking behavior. This translates into a large number of victims who are left without support." Authors call for research to identify barriers to help.

Scheer JR, Woulfe JM, Goodman LA.

Psychometric validation of the identity abuse scale among LGBTQ individuals.

J Community Psychol. 2019 Mar;47(2):371-384. PMID: [30207588](#)

Authors report the validity and reliability of the 7 item Identity abuse (IA) scale, which could be used to assess the frequency of IA tactics experienced within IPV.

The person threatened to tell my employer, family, or others about my sexual orientation or gender identity
The person forced me to show physical or sexual affection in public, even though I didn't want to
The person used my sexual orientation or gender identity against me
The person questioned whether my sexual orientation or gender identity was 'real'
The person told me I deserve what I get because of my sexual orientation or gender identity
The person called me pejorative names that have to do with my LGBTQ status
The person prevented me from seeking support within the LGBTQ community

Race/Cultural Concerns

Shaw J, Lee H.

Race and the Criminal Justice System Response to Sexual Assault: A Systematic Review.

Am J Community Psychol. 2019 Sep;64(1-2):255-276. PMID: [31059130](#)

"The review demonstrates how decisions made by researchers throughout the research process can have significant impacts on reported findings, and how such findings may be used to influence policy and practice...Researchers yield a great power, and responsibility, in deciding how to include race in research."

Navarro C, Knight T, Sharman SJ, Powell MB.

Challenges in translating interview protocols for alleged child victims of sexual abuse to different languages: A case study.

Child Abuse Negl. 2019 Aug;94:104033. PMID: [31185421](#)

Authors provide examples of and suggestions for issues relating to translation of child sexual abuse interview questions with regards to conceptual, contextual and cultural adequacy.

Sexual Assault

Thompson KM.

Helping survivors of sexual assault.

JAAPA. 2020 Jan;33(1):39-44. PMID: [31880649](#)

Helpful general review article for PAs on the sexual assault survivor experience in the short and long terms, effects of disclosure and response to disclosure, unique factors for male survivors, and the recovery process.

Cross TP, Schmitt T.

Forensic medical results and law enforcement actions following sexual assault: A comparison of child, adolescent and adult cases.

Child Abuse Negl. 2019 Jul;93:103-110. PMID: [31075572](#)

Comparing multiple variables from one statewide database for 563 sexual assault cases with different age groups, similarity between adolescent and adult cases was substantial, including more physical injury in adolescents than previously recognized. Child victims were significantly less likely to have a non-genital injury, and more likely for their allegations to be supported by law enforcement.

Human Trafficking

Greeson JKP, Treglia D, Wolfe DS, Wasch S, Gelles RJ.

Child welfare characteristics in a sample of youth involved in commercial sex: An exploratory study.

Child Abuse Negl. 2019 Aug;94:104038. PMID: [31181397](#)

For 98 homeless young people from multiple cities, the 46% who were sex trafficked differed from those who otherwise engaged in commercial sex in that they were "more likely to have been maltreated as children, more likely to have had family involvement with the child welfare system, and more likely to report higher rates of living someplace other than with their biological parents as children."

Perpetrators

Gibbels C, Kneer J, Hartmann U, Krueger THC.
State of the Art Treatment Options for Actual and Potential Sexual Offenders and New Prevention Strategies.

J Psychiatr Pract. 2019 Jul;25(4):242-257. PMID: [31291205](#)
General review article on sexual offender treatments, how to reach potential/unconvicted perpetrators, and prevention.

King AR, Kuhn SK, Strega C, Russell TD, Kolander T.
Revisiting the link between childhood sexual abuse and adult sexual aggression.

Child Abuse Negl. 2019 Aug;94:104022. PMID: [31200261](#)
Of 489 male respondents to a national survey, the relative risks of prior acts of rape were elevated by childhood sexual abuse (relative risk RR = 4.39), parental physical abuse (RR = 3.85), exposure to domestic violence (RR = 3.81), sibling physical abuse (RR = 2.56), and polyvictimized by two (RR = 4.92) or more (RR = 8.94) forms of abuse.

Police and Court Systems

Pitt K, Dheensa S, Feder G, et. al.
Sharing reports about domestic violence and abuse with general practitioners: a qualitative interview study.

BMC Fam Pract. 2020 Jun 23;21(1):117. PMID: [32576145](#)
Focus group of UK GPs and police regarding sharing of DV reports revealed that "GPs regarded external reports about DV as relevant to their role, but safely recording this information in the electronic medical record and using it to support patients required complex judgements. Both GPs and police staff emphasised the importance of clarity of information and responsibility for action when information was shared between agencies."

Azzopardi C, Eirich R, Rash CL, MacDonald S, Madigan S.
A meta-analysis of the prevalence of child sexual abuse disclosure in forensic settings.

Child Abuse Negl. 2019 Jul;93:291-304. PMID: [30579645](#)
From a research review, "more than a third of children do not disclose when interviewed, with those who are younger, male, and without a prior disclosure at greatest risk. Important implications for forensic interviewing protocols and future research are discussed."

Providers

Roesch E, Amin A, Gupta J, García-Moreno C.
Violence against women during covid-19 pandemic restrictions.

BMJ. 2020 May 7;369:m1712. PMID: [32381644](#)
Editorial detailing worldwide stats on increased violence against women during the pandemic, unique risk factors for increased violence, and a list of educational resources for healthcare providers and systems. "Older women, women with disabilities, women living in humanitarian crises contexts, poor women living in crowded conditions, and ethnic minorities may be disproportionately affected and have additional needs...We must learn lessons from past epidemics about the failures to recognise and address gender related effects of outbreaks. As the global health community grapples with how best to halt the spread of covid-19, the ongoing epidemic of violence against women cannot be ignored."

Kofman YB, Garfin DR.
Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic.

Psychol Trauma. 2020 Aug;12(S1):S199-S201. PMID: [32478558](#)
Authors review recent spikes in DV, review DV in other disasters, and discuss some of the unique challenges, dilemmas and risks victims and survivors face.

Fisher EM, Stylianou AM.
To Stay or to Leave: Factors Influencing Victims' Decisions to Stay or Leave a Domestic Violence Emergency Shelter.

J Interpers Violence. 2019 Feb;34(4):785-811. PMID: [27129731](#)
From interviews with 33 DV shelter residents, "three types of factors influence their decision to stay or leave the shelter program: (a) contextual factors, (b) partner or family relationship factors, and (c) shelter-specific factors. Shelter-specific factors cited as important contributors to satisfaction or dissatisfaction with shelter living include policies, staff and services, displacement from one's home community, and facilities... Our findings invite researchers and practitioners to consider further examination of best practices around program and policy options that maintain safety while also empowering victims to make the best choices for themselves and their families."

Levy AG, Scherer AM, Zikmund-Fisher BJ, et. al.
Assessment of Patient Nondisclosures to Clinicians of Experiencing Imminent Threats.

JAMA Netw Open. 2019 Aug 2;2(8):e199277. PMID: [31411716](#)

From two different online surveys of over 4500 US adults, 40.0 – 47.5% withheld information from their clinicians about experiencing any of four imminent health threats – depression, suicidality, abuse, and sexual assault. The most commonly endorsed reasons for withholding this information included being embarrassed, not wanting to be judged or lectured, and not wanting to engage in a difficult follow-up behavior. Higher odds of nondisclosure included being female, younger, and worse self-rated health. “A better understanding of how to increase patients' comfort with reporting this information is critical.”

Kairys S.
Child Abuse and Neglect: The Role of the Primary Care Pediatrician.

Pediatr Clin North Am. 2020 Apr;67(2):325-339. PMID: [32122563](#)

General review of prevalence; physical, cognitive and mental health effects; the role of the primary care pediatrician to recognize, manage and ameliorate the impact of abuse; preparing office and staff; and educational/support resources.

Stumbar SE, Ward-Peterson M, Lupi CS.
A Pilot Project Exploring Medical Students' Barriers to Screening for Intimate Partner Violence and Reproductive Coercion.

PRIMER. 2019 Oct 8;3:23. PMID: [32537594](#)

	Intimate Partner Violence (# of Students Reporting Barrier in Short-Answer Comments)
Internal Barriers to Screening	
Awkward topic	20
Difficulty finding appropriate wording to ask screening questions	10
Difficulty finding appropriate time to screen during the encounter	10
Assumption that screening was not necessary	13
Lack of experience—Never having screened before	2
Student's male gender	2
Confusion about difference between IPV and reproductive coercion—Belief that screening for IPV alone is sufficient	0
Concern About Handling Patient Responses to Screening	
Uncertainty about how to manage patients who answer affirmatively to screening questions	9
Concern about patient's reaction to screening questions	13
Concern about breaking rapport when screening	13
Concern about offending the patient	12
Concern that patient may not answer honestly	5
Uncertainty about how to screen if a family member is in the room	4

Hegarty K, McKibbin G, Hameed M, et. al.
Health practitioners' readiness to address domestic violence and abuse: A qualitative meta-synthesis.

PLoS One. 2020 Jun 16;15(6):e0234067. PMID: [32544160](#)

From a research review, the factors identified as enhancing readiness of health practitioners to address domestic violence and abuse included having a commitment, adopting an advocacy approach, trusting the relationship, collaborating with a team, and being supported by the health system.

Barnard M, White A, Bouldin A.
Preparing Pharmacists to Care for Patients Exposed to Intimate Partner Violence.

Pharmacy (Basel). 2020 Jun 10;8(2). pii:E100. PMID: [32531936](#)

“Intimate partner violence (IPV) is a serious, highly prevalent public health problem associated with poor health outcomes, negative impacts on medication behavior, and increased health care utilization and costs. Pharmacists, the most accessible health care providers, are the only provider group not required to be trained on this topic.” Authors describe an online educational training module.

Prevention

Bartlett JD, Smith S.
The role of early care and education in addressing early childhood trauma.

Am J Community Psychol. 2019 Dec;64(3-4):359-372. PMID: [31449682](#)

This paper examines strategies currently being implemented in early care and education programs to address early childhood trauma, including the unique needs of this population and specific trauma-informed interventions.

Marie-Mitchell A, Kostolansky R.
A Systematic Review of Trials to Improve Child Outcomes Associated With Adverse Childhood Experiences.

Am J Prev Med. 2019 May;56(5):756-764. PMID: [30905481](#)

From a research review, “Multicomponent interventions that utilize professionals to provide parenting education, mental health counseling, social service referrals, or social support can reduce the impact of C-ACEs on child behavioral/mental health problems and improve the parent-child relationship for children aged 0-5years.”

Taussig HN, Weiler LM, Garrido EF, et. al.

A Positive Youth Development Approach to Improving Mental Health Outcomes for Maltreated Children in Foster Care: Replication and Extension of an RCT of the Fostering Healthy Futures Program.

Am J Community Psychol. 2019 Dec;64(3-4):405-417. PMID: [31468553](#)

Fostering Healthy Futures, a 30 week mentoring and skills group intervention for preadolescent maltreated children in foster care, shows high rates of program retention and engagement, and significantly reduces mental health symptoms, especially trauma symptoms.

determinants, to help create more effective policy-making.

Baldwin JR, Reuben A, Newbury JB, Danese A.

Agreement Between Prospective and Retrospective Measures of Childhood Maltreatment: A Systematic Review and Meta-analysis.

JAMA Psychiatry. 2019 Jun 1;76(6):584-593. PMID: [30892562](#)
From a research review, “The agreement between prospective and retrospective measures of childhood maltreatment was poor...Agreement was higher when retrospective measures of childhood maltreatment were based on interviews rather than questionnaires.”

Researchers

Austin AE, Desrosiers TA, Shanahan ME.

Directed acyclic graphs: An under-utilized tool for child maltreatment research.

Child Abuse Negl. 2019 May;91:78-87. PMID: [30836237](#)

“DAGs [Directed Acyclic Graphs] are an accessible research tool with the potential to strengthen and advance the child maltreatment research and practice agenda by helping researchers to identify bias stemming from data sources and analytic strategies.”

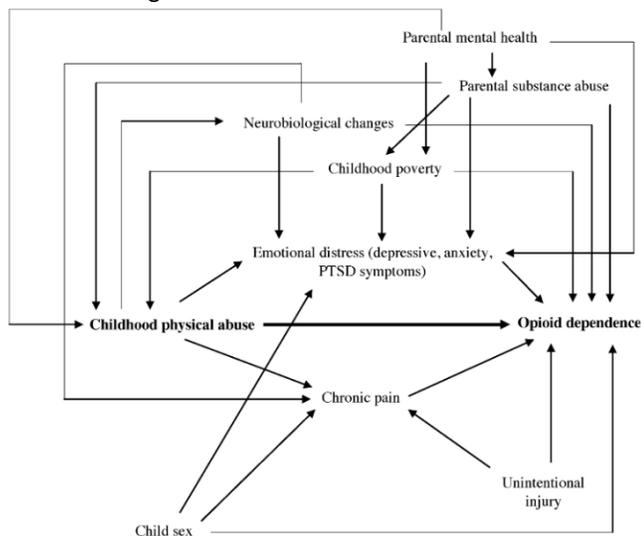


Fig. 5. Directed acyclic graph of variables operative in the effect of childhood physical abuse on opioid dependence.

Vineis P.

Life Trajectories, Biomedical Evidence, and Lessons for Policies.

Front Public Health. 2020 May 12;8:160. PMID: [32478028](#)

Author discusses “the need for analytical methods to bridge the two types of analyses (biomedical and macroeconomic), i.e., fill the gap between analyses based on individual determinants of health inequalities and those based on societal

Other of Interest

Sinha I, Bennett D, Taylor-Robinson DC.

Children are being sidelined by covid-19.

BMJ. 2020 May 27;369:m2061. PMID: [32461203](#)

“History tells us that, during times of crisis, vulnerable groups lose out most...although children are not the face of this pandemic, they are deeply affected...During childhood, we are especially vulnerable to the main determinants of health: living conditions, family income, employment, education, access to health services. The pandemic can be conceived as an additional systemic shock to these determinants...With the focus squarely on adults with covid-19, child health and social care services are being sidelined. These include acute services for life threatening illnesses, outpatient services for chronic conditions, child protection services guarding against abuse and neglect, and preventive services that support early development, routine checks, and immunisations.”

Jabri A, Kalra A, Kumar A, et. al.

Incidence of Stress Cardiomyopathy During the Coronavirus Disease 2019 Pandemic.

JAMA Netw Open. 2020 Jul 1;3(7):e2014780. PMID: [32644140](#)

A group of patients presenting with symptoms of a heart attack during the pandemic to two hospitals in the Cleveland Clinic system were compared with similar groups from 4 time periods prior to the pandemic. The incidence of stress cardiomyopathy (reversible damage to heart function due to a surge of stress hormones) was 7.8% during the pandemic vs. 1.5-1.8% for the four groups before the pandemic. In addition, patients recovering from stress cardiomyopathy during the pandemic were hospitalized a mean of 8 days instead of 4-5 days pre-pandemic.