

# ABUSE RESEARCH

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## Child Abuse

Hoehn EF, Wilson PM, Riney LC, Ngo V, Bennett B, Duma E.  
**Identification and Evaluation of Physical Abuse in Children.**  
Pediatr Ann. 2018 Mar 1;47(3):e97-e101. PMID: [29538781](#)

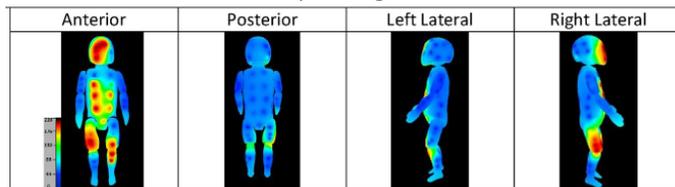
Review article on the key findings in a medical history and physical exam that should raise suspicion for abuse, the recommended evaluation, and indications for reporting to CPS.

Dsouza R, Bertocci G.

**Impact sites representing potential bruising locations associated with bed falls in children.**

Forensic Sci Int. 2018 May;286:86-95. PMID: [29573641](#)

Using a surrogate model of a 12 month old child falling from a bed from a variety of initial positions, heights, and force, a series of potential injury areas were identified depending on variables.



Sanchez TR, Grasparil AD, Chaudhari R, et. al.

**Characteristics of Rib Fractures in Child Abuse-The Role of Low-Dose Chest Computed Tomography.**

Pediatr Emerg Care. 2018 Feb;34(2):81-83. PMID: [26760828](#)

In a retrospective analysis of radiological findings of rib fractures in clinically diagnosed cases of child abuse, 17% of rib fractures were not documented on the initial skeletal survey. 96% were non-displaced and were either posterior or anterior, making them more difficult to assess. Low-dose chest CT scan can help resolve inconclusive cases.

Kimber M, MacMillan HL.

**Child Psychological Abuse.**

Pediatr Rev. 2017 Oct;38(10):496-498. PMID: [28972057](#)

Short, succinct review for pediatricians on the presentations of, and management for, childhood psychological abuse.

Chiesa A, Goldson E.

**Child Sexual Abuse.**

Pediatr Rev. 2017 Mar;38(3):105-118. PMID: [28250071](#)

Review of childhood sexual abuse identification and management for the clinician, noting that there is usually no physical evidence of the abuse, delayed disclosure is common, and that developmental and behavioral histories are important components of a medical history for a sexual abuse diagnosis.

Jinna S, Livingston N, Moles R.

**Cutaneous sign of abuse: Kids are not just little people.**

Clin Dermatol. 2017 Nov - Dec;35(6):504-511. PMID: [29191342](#)

Skin injury is the most common form of child physical abuse. Identification requires a good understanding of normal developmental presentation, injury locations that should trigger consideration of abuse, and cutaneous mimics.

Blakemore T, Herbert JL, Arney F, Parkinson S.

**The impacts of institutional child sexual abuse.**

Child Abuse Negl. 2017 Dec;74:35-48. PMID: [28864118](#)

Review of the effects of institutional child abuse, "found to be associated with numerous, pervasive and connected impacts upon the psychological, physical, social, educative and economic wellbeing of victims/survivors." Further, it may impact the family and community, the spiritual wellbeing of survivors in religious settings, and "may be exacerbated by abuse dynamics in institutional settings which may reduce or impede disclosure, belief, support and protection from future harm."

Brodie N, McColgan MD, Spector ND, Turchi RM.

**Child Abuse in Children and Youth with Special Health Care Needs.**

Pediatr Rev. 2017 Oct;38(10):463-470. PMID: [28972049](#)

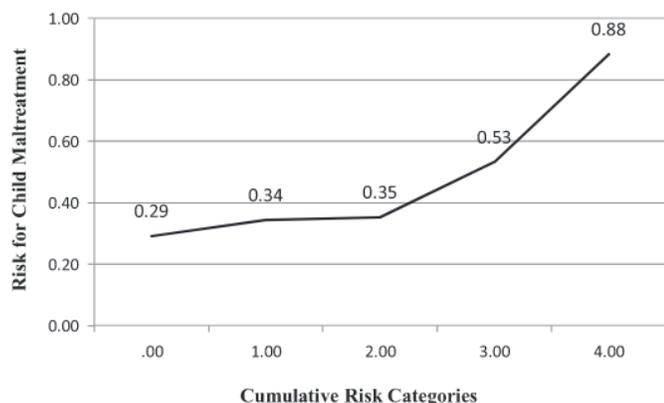
Children with special needs are a growing population in the US, and are at more risk for abuse due to not being able to respond to traditional means of discipline in addition to multiple family stressors relating to special care needs. Identification of child abuse may be complex due to medical conditions that may mimic abuse or other factors including motor/balance issues, bleeding disorders, thin bones, self-injurious behavior, developmental delay, communication difficulties, and multiple caregivers.

Patwardhan I, Hurley KD, Thompson RW, et. al.

### **Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program.**

Child Abuse Negl. 2017 Aug;70:92-99. PMID: [28605684](#)

From a study of 837 at-risk families, the most prominent family risks for child maltreatment were socio-economic disadvantage (e.g. income, unemployment, housing instability) and parental characteristics (e.g. mental/physical health, parental use of alcohol, domestic violence). There was a strong association between a cumulative family risk threshold of 3 items with child abuse, after which the risk for maltreatment increased exponentially.



## Adult Manifestations of Child Abuse

Schickedanz A, Halfon N, Sastry N, Chung PJ.

### **Parents' Adverse Childhood Experiences and Their Children's Behavioral Health Problems.**

Pediatrics. 2018 Aug;142(2). pii: e20180023. PMID: [29987168](#)

Using data from two linked national studies, children of parents with a history of 4 or more ACEs had more behavioral problems, 2.1 times higher odds of hyperactivity, and 4.2 times higher odds of an emotional disturbance diagnosis than children of parents with no ACEs. Maternal ACEs showed a stronger association with child behavior problems than paternal ACEs.

Moog NK, Entringer S, Rasmussen JM, et. al.

### **Intergenerational Effect of Maternal Exposure to Childhood Maltreatment on Newborn Brain Anatomy.**

Biol Psychiatry. 2018 Jan 15;83(2):120-127. PMID: [28842114](#)

In this study of 80 maternal-child pairs, 35% of the women reported a personal history of child maltreatment (CM). Brain scans of newborns of the mothers with CM showed an average 6% smaller brain volume, primarily due to less cortical gray

matter, regardless of maternal socioeconomic status, obstetric complications, obesity, recent interpersonal violence, pre- and early postpartum stress, gestational age at birth, infant sex, and postnatal age at scan, compared to mothers without CM.

Bandinelli LP, Levandowski ML, Grassi-Oliveira R.

### **The childhood maltreatment influences on breast cancer patients: A second wave hit model hypothesis for distinct biological and behavioral response.**

Med Hypotheses. 2017 Oct;108:86-93. PMID: [29055407](#)

“Interactions among the environment (child maltreatment), a subsequent stress load (breast cancer diagnosis) and moderation of risk factors (genetics, for example) could lead to worse prognosis during the course of the disease, leading to higher rates of depression, anxiety, worse quality of life and less chance of response to treatment...childhood maltreatment should be considered as a prognostic factor for women with breast cancer, being an important variable to be evaluated in terms of research and treatment in the future.”

Kuhlman KR, Boyle CC, Irwin MR, et. al.

### **Childhood maltreatment, psychological resources, and depressive symptoms in women with breast cancer.**

Child Abuse Negl. 2017 Oct;72:360-369. PMID: [28888809](#)

Of 271 women with early-stage breast cancer, assessed after diagnosis but before treatment, a history of childhood maltreatment was associated with lower psychological resources (optimism, mastery, self-esteem, mindfulness), which may partially explain their elevated depressive symptoms.

Kamen C, Scheiber C, Janelsins M, Jo B, Shen H, Palesh O.

### **Effects of childhood trauma exposure and cortisol levels on cognitive functioning among breast cancer survivors.**

Child Abuse Negl. 2017 Oct;72:163-171. PMID: [28818733](#)

In this study of 56 female breast cancer survivors, childhood trauma exposure was associated with decreased cognitive functioning even after controlling for age, education, time since chemotherapy treatment, insomnia, anxiety, and depression. “These results suggest that childhood trauma may play an important role in cognitive functioning experienced after cancer treatments and should be taken into consideration in developing interventions and support services for this population.”

Amnie AG.

**Emerging themes in coping with lifetime stress and implication for stress management education.**

SAGE Open Med. 2018 Jun 20;6:2050312118782545. PMID: [29977550](#)

Of 233 adults who filled out an online survey, 21% did not have any ACEs, 79.0% had 1 or more, and 37.6% 4 or more. The most common ACEs were emotional abuse and emotional neglect. Of the 188 who filled out a qualitative portion on how they handled stress, 37.2% used avoidant coping with abuse of drugs and/or alcohol and disengagement from relationships. 17.6% used problem focused coping such as seeking counseling or other treatments, and 45.2% used emotion focused coping with meditation, yoga, humor, spirituality, exercise, or seeking social support.

Jakubowski KP, Cundiff JM, Matthews KA.

**Cumulative childhood adversity and adult cardiometabolic disease: A meta-analysis.**

Health Psychol. 2018 Aug;37(8):701-715. PMID: [30024227](#)

Review of research studies showing a significant effect of cumulative childhood maltreatment and increasing adult cardiometabolic disease.

Regier PS, Monge ZA, Franklin TR, et. al.

**Emotional, physical and sexual abuse are associated with a heightened limbic response to cocaine cues.**

Addict Biol. 2017 Nov;22(6):1768-1777. PMID: [27654662](#)

For 68 male cocaine-dependent adults who were stabilized in an inpatient setting for addiction, brain scans during even 50 millisecond exposure to visual cocaine cues showed heightened activation of the brain reward pathway in those with a history of childhood maltreatment vs. those without.

Womersley JS, Seedat S, Hemmings SMJ.

**Childhood maltreatment and HIV-associated neurocognitive disorders share similar pathophysiology.**

Metab Brain Dis. 2017 Oct;32(5):1717-1733. PMID: [28681198](#)

“Childhood trauma in concert with HIV infection may increase the risk of developing HAND [HIV-associated neurocognitive disorders], essentially producing a ‘double hit’. In this review, we have postulated that this is due to common aetiological mechanisms, namely HPA axis [stress hormone] dysfunction, inflammation and oxidative stress [impaired cell function].”

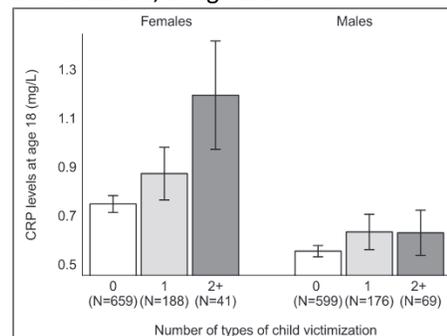
## Adolescents

Baldwin JR, Arseneault L, Caspi A, et. al.

**Childhood victimization and inflammation in young adulthood: A genetically sensitive cohort study.**

Brain Behav Immun. 2018 Jan;67:211-217. PMID: [28867281](#)

From a long term twin study of 2232 children, and despite controlling for other risk factors, greater exposure to childhood victimization was associated with higher levels of inflammation for females, but not for males, at age 18.



Shorey RC, Cohen JR, Lu Y, Fite PJ, Stuart GL, Temple JR.

**Age of onset for physical and sexual teen dating violence perpetration: A longitudinal investigation.**

Prev Med. 2017 Dec;105:275-279. PMID: [28987333](#)

From annual reports from diverse Texas high school students over 6 years, “Findings highlight the need for teen dating violence primary prevention programs to be implemented early in high school, and potentially in middle school.”

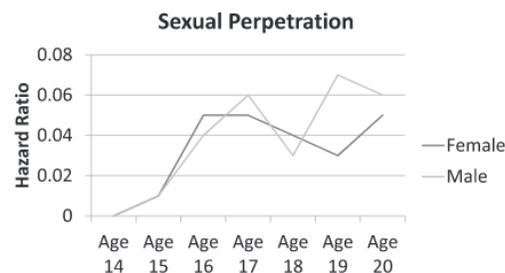


Fig. 2. Hazard ratios for age of onset of sexual TDV perpetration; 2010–2016 in southeast Texas.

Vidal S, Prince D, Connell CM, et. al.

**Maltreatment, family environment, and social risk factors: Determinants of the child welfare to juvenile justice transition among maltreated children and adolescents.**

Child Abuse Negl. 2017 Jan;63:7-18. PMID: [27886518](#)

Of 10,850 maltreated children and adolescents followed prospectively, almost 3% of children had their first juvenile justice system (JJS) adjudication at age 14.2 years, an average of 6 years from their initial CPS investigation. Risk factors for the CPS to JJS transition included older age, male, Black and Hispanic race/ethnicity, recurrence of maltreatment and neglect, and family poverty.

## Domestic Violence – Effects on Children

McDonald SE, Dmitrieva J, Shin S, et. al.

### **The role of callous/unemotional traits in mediating the association between animal abuse exposure and behavior problems among children exposed to IPV.**

Child Abuse Negl. 2017 Oct;72:421-432. PMID: [28918233](#)

Of 291 ethnically diverse children ages 7-12 who observed family IPV, those also exposed to companion animal maltreatment (seeing or hearing animals hurt or killed) was associated with child callous/ unemotional traits - “a potential mechanism through which childhood exposure to animal maltreatment influences subsequent behavior problems.”

Price A, Cook PA, Norgate S, Mukherjee R.

### **Prenatal alcohol exposure and traumatic childhood experiences: A systematic review.**

Neurosci Biobehav Rev. 2017 Sep;80:89-98. PMID: [28552459](#)

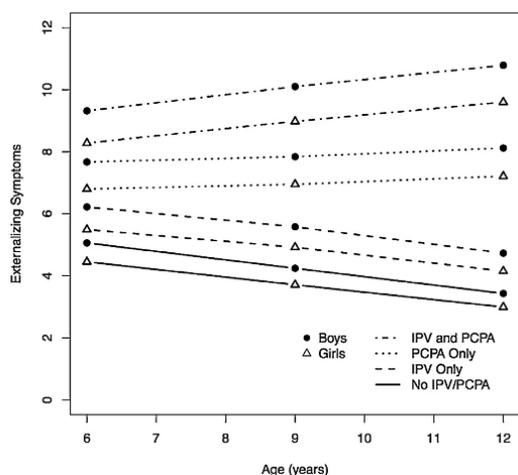
In this research review, children exposed to both prenatal alcohol (increased risk with IPV) and traumatic childhood experiences were more likely to show cumulative deficits in language, attention, memory and intelligence, and exhibit more severe behavioral problems, than children with one exposure or the other.

Maneta EK, White M, Mezzacappa E.

### **Parent-child aggression, adult-partner violence, and child outcomes: A prospective, population-based study.**

Child Abuse Negl. 2017 Jun;68:1-10. PMID: [28388466](#)

For 2810 children from Chicago, exposure to IPV and PCPA (parent-child physical aggression) acted additively, with PCPA as a stronger influence on externalizing (aggression) and internalizing (depression, anxiety) behaviors of children.



## Elder/Dependent Adult Abuse

Acierno R, Hernandez-Tejada, Anetzberger GJ, et. al.

### **The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes.**

J Elder Abuse Negl. 2017 Aug-Oct;29(4):254-269. PMID: [28837418](#)

In a follow-up of a national elder mistreatment study, elder mistreatment was associated with 200-700% increased risk of depression, anxiety, PTSD and poor self-reported health 8 years later. Except for PTSD, social support was consistently and powerfully protective against these outcomes.

Carey C, Hodges J, Webb JK.

### **Changes in state legislation and the impacts on elder financial fraud and exploitation.**

J Elder Abuse Negl. 2018 Aug-Oct;30(4):309-319. PMID: [30024309](#)

In this summary, states with additional penalties targeting elder financial fraud and exploitation have a significantly lower percentage of complaints from elders to a consumer network database, whereas the impact of mandatory and protected voluntary reporting laws did not show a significant effect.

Ramsey-Klawnsnik H, Miller E.

### **Polyvictimization in later life: Trauma-informed best practices.**

J Elder Abuse Negl. 2017 Nov-Dec;29(5):339-350. PMID: [28990878](#)

Summary of polyvictimization of elders, defined as either multiple types of abuse an elder experiences at the same time by one or more perpetrators; or one type of abuse perpetrated by multiple others with whom the elder has a personal, professional, or care recipient relationship. [This journal special issue is devoted elder polyvictimization.]

Beach SR, Liu PJ, DeLiema M, Iris M, Howe MJK, Conrad KJ.

### **Development of short-form measures to assess four types of elder mistreatment: Findings from an evidence-based study of APS elder abuse substantiation decisions.**

J Elder Abuse Negl. 2017 Aug-Oct;29(4):229-253. PMID: [28590799](#)

Using data sets from 948 elder abuse cases, authors created short form measures to assist in 4 types of elder abuse assessments: financial, emotional/psychological, physical and neglect.

Quinn MJ, Nerenberg L, Navarro AE, Wilber KH.  
**Developing an undue influence screening tool for Adult Protective Services.**

J Elder Abuse Negl. 2017 Mar;29(2-3):157-185. PMID: [28398137](#)

Development of a screening tool from multiple stakeholders, for APS to evaluate “undue influence” under California law.

Friedman LS, Avila S, Liu E, et. al.

**Using clinical signs of neglect to identify elder neglect cases.**

J Elder Abuse Negl. 2017 Aug-Oct;29(4):270-287. PMID: [28829244](#)

A group of experts developed a pre-screen for elder neglect that could be used to recognize those who would benefit from more in-depth evaluation.

Rosen T, Lien C, Stern ME, et. al.

**Emergency Medical Services Perspectives on Identifying and Reporting Victims of Elder Abuse, Neglect, and Self-Neglect.**

J Emerg Med. 2017 Oct;53(4):573-582. PMID: [28712685](#)

EMS personnel are uniquely positioned to identify potential victims of elder abuse, neglect, or self-neglect. Focus groups with 27 EM providers suggested strategies including photographically documenting the home environment; improving direct communication with social workers; and providing a dedicated location on forms to document concerns, a reporting hotline, and a system to provide feedback to EMS.

## Cultural Concerns

Finno-Velasquez M, Palmer L, Prindle J, et. al.

**A birth cohort study of Asian and Pacific Islander children reported for abuse or neglect.**

Child Abuse Negl. 2017 Oct;72:54-65. PMID: [28756353](#)

Overall, 12.2% of children born in California 2006-2007 were Asian/Pacific Islander. The rates below highlighted in yellow are those higher than the general child CPS report population of 14.8%.

**Table 2**  
 CPS report by maternal nativity and ethnic origin (%).

	Foreign born mothers (N = 112,433)	U.S. born mothers (N = 26,425)
All Asian births	4.7	9.5
Filipino	6.0	9.2
Chinese	2.8	3.2
Asian Indian	2.5	4.7
Vietnamese	4.6	11.6
Korean	2.7	6.9
Japanese	3.5	5.0
Hmong	11.2	13.5
Cambodian	9.7	16.5
Laotian	10.8	13.0
Thai	8.5	8.8
Hawaiian/Guamanian/Samoan	18.6	20.4
Pacific Islander	13.6	18.0

## Sexual Assault

Zilkens RR, Smith DA, Phillips MA, et. al.

**Genital and anal injuries: A cross-sectional Australian study of 1266 women alleging recent sexual assault.**

Forensic Sci Int. 2017 Jun;275:195-202. PMID: [28407560](#)

Of 1266 women seen at an Australian sexual assault center 2009-2015, genital injury was observed in 24.5% of all women and 52.1% of women without prior sexual intercourse. Genital injury was more likely also with multiple types of penetrants or if general body injury was present, and less likely with sedative use. Anal injury was observed in 27.0% of reported completed anal penetration.

Tyler KA, Schmitz RM, Ray CM, Simons LG.

**The Role of Entitlement, Self-Control, and Risk Behaviors on Dating Violence Perpetration.**

Violence Vict. 2017 Dec 1;32(6):1079-1095. PMID: [29021012](#)

From 1482 surveys at 2 universities, dating violence perpetration was directly associated with childhood physical abuse, and indirectly associated with Greek fraternity affiliation and a sense of entitlement. In general, lower self-control was associated with perpetration, but on one campus, greater self-control was associated perpetration. “It is possible that some college students exert self-control in making conscious, well-thought-out decisions to perpetrate partner violence, especially if they believe that violence is normative and they feel entitled to abuse their partners.”

Wang C, Wein LM.

**Analyzing Approaches to the Backlog of Untested Sexual Assault Kits in the U.S.A.**

J Forensic Sci. 2018 Jul;63(4):1110-1121. PMID: [29505678](#)

In a cost-benefit analysis, “testing all sexual assault kits in the backlog is quite cost-effective: for example, spending ≈\$1641 to test a kit averts sexual assaults costing ≈\$133,484 on average.”

## Human Trafficking

Goldberg A, Moore J.

**Domestic Minor Sex Trafficking.**

Child Adolesc Psychiatr Clin N Am. 2018 Jan;27(1):77-92.

PMID: [29157504](#)

Review article of psychosocial risk factors of sexually exploited minors included abuse or neglect, running away, substance abuse, involvement with CPS, posttraumatic stress disorder, depression, anxiety, and suicidality.

Greenbaum VJ, Dodd M, McCracken C.

**A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting.**

Pediatr Emerg Care. 2018 Jan;34(1):33-37. PMID: [26599463](#)

The characteristics of a group of 12-18 year olds who were identified either as victims of child commercial sexual exploitation/child sex trafficking or acute sexual assault/sexual abuse were compared in order to develop an emergency department screening tool that was found to be effective for finding those sexually exploited/trafficked.

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**TABLE 3. Six-Item Screening Questionnaire**

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Is there a previous history of drug and/or alcohol use?  
Has the youth ever run away from home?  
Has the youth ever been involved with law enforcement?  
Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?  
Has the youth ever had a sexually transmitted infection?  
Does the youth have a history of sexual activity with more than 5 partners?

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## Perpetrators

Penti B, Timmons J, Adams D.

**The Role of the Physician When a Patient Discloses Intimate Partner Violence Perpetration: A Literature Review.**

J Am Board Fam Med. 2018 Jul-Aug;31(4):635-644. PMID: [29986990](#)

“If a male patient discloses IPV perpetration, physicians should assess for lethality, readiness to change, and comorbid medical conditions that could impact treatment, such as substance abuse and mental illness. Experts agree that referrals to a Batterer Intervention Program should be the primary intervention. If there are no locally available Batterer Intervention Programs or the patient is unwilling to go, then a physician should refer the abuser to a therapist who has been trained specifically to work with perpetrators of IPV. In addition, physicians should be prepared to offer education about the negative impact of IPV on the victim, on any children, and on the abuser himself. Physicians should address any untreated substance abuse or mental health issues. Referral to couples therapy should generally be avoided.”

Ellonen N, Peltonen K, Pösö T, Janson S.

**A multifaceted risk analysis of fathers' self-reported physical violence toward their children.**

Aggress Behav. 2017 Jul;43(4):317-328. PMID: [27878826](#)

From an anonymous parent survey of 679 fathers from Finland and Sweden, 6% reporting severe violent acts against their child during the prior 12 months. “Corporal punishment experienced by the fathers when they were children, or used by the father as a method of discipline, strongly increased the likelihood of severe violent acts.”

Nowakowski-Sims E, Rowe A.

**The relationship between childhood adversity, attachment, and internalizing behaviors in a diversion program for child-to-mother violence.**

Child Abuse Negl. 2017 Oct;72:266-275. PMID: [28865397](#)

In a survey of 80 youth arrested for domestic battery against a mother, the mean score of childhood adversity for these youth was 10 (out of 17) possible experiences.

## Police and Court Systems

Kelty SF, Julian R, Bruenisholz E, Wilson-Wilde L.

**Dismantling the justice silos: Flowcharting the role and expertise of forensic science, forensic medicine and allied health in adult sexual assault investigations.**

Forensic Sci Int. 2018 Apr;285:21-28. PMID: [29427705](#)

Authors create a flow chart of risk factors, feedback loops, and critical factors involved in an adult sexual assault investigation. Critical points include response of the first responders, correct expertise, evidence submission and triage, and forensic analysis reports.

Earhart B, Brubacher SP, Powell MB, et. al.

**Judges' delivery of ground rules to child witnesses in Australian courts.**

Child Abuse Negl. 2017 Dec;74:62-72. PMID: [28882320](#)

In a review of 52 Australian child sexual abuse trials with a child witness aged 7-17 years, 35% received no ground rules from the judge (directions to explain what is expected of them). On average children received 3.5 types of ground rules out of a maximum of 11 types. There was no difference in number of rules delivered nor the number of words used relative to children's age.

Wang X, Johansen SS, Nielsen MKK, Linnet K.

**Hair analysis in toxicological investigation of drug-facilitated crimes in Denmark over a 8-year period.**

Forensic Sci Int. 2018 Apr;285:e1-e12. PMID: [29449106](#)

Description from Danish forensic experts of being able to retrieve evidence from hair analysis of even a one-time dose of 24 different substances used in drug-facilitated crimes.

Cross TP, Whitcomb D.

### **The practice of prosecuting child maltreatment: Results of an online survey of prosecutors.**

Child Abuse Negl. 2017 Jul;69:20-28. PMID: [28437730](#)

Online survey of 200 prosecutors from 37 states on the many challenges “as they seek to hold offenders accountable while minimizing the emotional impact on children...Respondents' most pressing challenges were obtaining evidence to corroborate children's statements and the difficulties of working with child victims. Child testimony was ranked as more frequent than any other type of evidence.”

## Providers

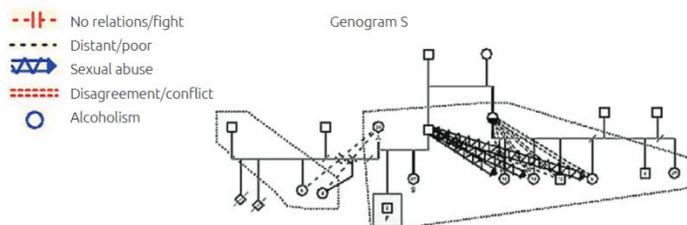
Leoncio ÉT, Souza SRP, Machado JLM.

### **Degradation of parental bonding and violence against children: The use of family genogram in the pediatric clinic.**

Rev Paul Pediatr. 2017 Apr-Jun;35(2):185-190. PMID:

[28977323](#)

Discussion of use of genograms in pediatric practice to help understand the context and dynamics of the child within their family.



Newsom K, Myers-Bowman K.

### **"I Am Not A Victim. I Am A Survivor": Resilience as a Journey for Female Survivors of Child Sexual Abuse.**

J Child Sex Abus. 2017 Nov-Dec;26(8):927-947. PMID:

[28857725](#)

Female survivors of childhood sexual abuse discuss how they have experienced resilience, developed healthy intimate relationships, and viewed themselves as sexual beings.

Goodfellow A, Bone C, Gelberg L.

### **They Didn't Believe Her Pain: My Education in Interpersonal Violence.**

Ann Fam Med. 2018 Jul;16(4):361-363. PMID: [29987088](#)

First person account from a medical student describing barriers to understanding/believing physical pain complaints of patients with a history of abuse. (May be helpful for training purposes.)

Randell KA, Harris D, Stallbaumer-Rouyer J.

### **Immediate and Late Response to Intimate Partner Violence Intervention in the Pediatric Emergency Department: A Case Report.**

Pediatr Emerg Care. 2018 Mar;34(3):e41-e43. PMID:

[27749804](#)

Case report of a mother who initially denied ED IPV screening, then disclosed to healthcare providers, and met briefly with a SW. She subsequently returned to ED with all of her children, met with an advocate and went directly to a shelter. This case underscores the importance of providing multiple opportunities to disclose, the need for health care providers to remain alert to indicators, and the role of the entire health care team in addressing IPV. Also, although IPV interventions “may not immediately result in leaving an abusive relationship, the unseen benefits of such education and support can ultimately improve safety.”

Hickey TR, Kirwin PD, Gardner EC, Feinleib J.

### **Patient-Centered Perioperative Care for a Victim of Military Sexual Trauma.**

Mil Med. 2017 May;182(5):e1807-e1811. PMID: [29087929](#)

The anticipation of surgery, the trauma of surgery per se, and the experience of care in a medical center are stressors that can exacerbate difficulties in patients with a history of PTSD and sexual trauma. “A perioperative PTSD incident rate of 7.6% places surgery on a par with being mugged (8.0%), witnessing a killing (7.3%), and surviving a natural disaster (3.8%).” The article describes the development of a patient-centered care plan involving the patient, anesthesiologist, surgeon, and mental health provider, to assist a veteran with PTSD and military sexual trauma to a successful surgery.

Flanagan T, Alabaster A, McCaw B, et. al.

### **Feasibility and Acceptability of Screening for Adverse Childhood Experiences in Prenatal Care.**

J Womens Health (Larchmt). 2018 Jul;27(7):903-911. PMID:

[29350573](#)

In this pilot study from the Northern California Kaiser system, prenatal patients were screened at 14-23 weeks for ACEs score as well as resilience. 78% of patients were screened. 54% reported 0 ACEs, 28% 1-2, and 18% 3+. Over 90% were somewhat or very comfortable discussing ACEs, and strongly or very strongly agreeing that clinicians should ask about ACEs. “Clinicians' willingness to screen for ACEs was contingent on adequate training, streamlined workflows, inclusion of resilience screening, and availability of mental health, parenting, and social work resources.”

Messing JT, Campbell JC, Snider C.

**Validation and adaptation of the danger assessment-5: A brief intimate partner violence risk assessment.**

J Adv Nurs. 2017 Dec;73(12):3220-3230. PMID: [28921610](#)

The DA-5 was developed as a short form of the Danger Assessment for use in healthcare settings, including emergency and urgent care settings. Analyzing data from a sample of IPV survivors who had called the police for domestic violence, the DA-5 was found to be equally accurate.



Tishelman AC, Fontes LA.

**Religion in child sexual abuse forensic interviews.**

Child Abuse Negl. 2017 Jan;63:120-130. PMID: [27914237](#)

Discussion among child forensic interviewers and child advocacy center directors (CACs) about the religious influences on children's sexual abuse experiences, including harmonious and dissonant interactions with religiously observant children and families, abuse in religious context, disclosure as well as suppression of disclosure, and the ways CACs accommodate religious diversity and forge collaborations with clergy.

**BOX 1 Danger assessment for clinicians (DA- 5)**

This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner or former intimate partner.<sup>1,2</sup>

Mark **Yes** or **No** for each of the following questions.

- 1. Has the physical violence increased in frequency or severity over the past year?
- 2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?
- 3. Do you believe your partner (or ex) is capable of killing you?
- 4. Has your partner or ex ever tried to choke (strangle) you?\*

  - a. If yes, did he ever choke you? \_\_\_\_\_
  - b. About how long ago? \_\_\_\_\_
  - c. Did it happen more than once? \_\_\_\_\_
  - d. Did you ever lose consciousness or think you may have? \_\_\_\_\_

- 5. Is your partner or ex violently and constantly jealous of you?

\*This can be asked instead of or in addition to: Have you ever been beaten by him while you were pregnant?

**PROTOCOL SUGGESTIONS FOR USE OF DANGER ASSESSMENT-5**

- Use 5-item version in the Emergency Department and other healthcare settings, at protective order hearings, child custody, and other settings once intimate partner violence has been identified.
- If 4 or 5 yes responses, tell the victim s/he is in danger, allow the victim to choose reporting to the police &/or to domestic violence advocacy program &/or confidential hotline (eg, 800-799-7233). Follow through by calling with the victim &/or with an in-person hand-off to a knowledgeable advocate.
- If 3 yes responses, do the full Danger Assessment (DA) with the calendar and weighted scoring if the victim is female; inform the victim of level of danger and do safety planning based on the DA or refer and hand-off to someone certified in administering the DA and proceed based on results and best practice. An in-person or voice-to-voice hand-off on the phone (eg, 3-way-call or speaker phone) is preferable.
- If 2 yes responses, tell the victim there are 2 risk factors for serious injury/assault/homicide present and recommend further advocacy. If the victim agrees, follow through with a referral and hand-off to a knowledgeable advocate. An in-person or voice-to-voice hand-off on the phone (eg, 3-way-call or speaker phone) is preferable.
- If 0-1 yes responses, proceed with normal referral/procedural processes for domestic violence.

**BRIEF STRANGULATION PROTOCOL**

If yes to 4a. If strangulation was a week ago or less, examine the inside of the throat, neck, face and scalp for physical signs of strangulation. See strangulation assessment and radiographic evaluation information at [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com). Proceed with emergency medical care for strangulation, especially if loss of consciousness or possible loss of consciousness (victims are often unsure, but if the victim lost consciousness, s/he will have become incontinent—ask if the victim “wet her/himself”). If the victim reports more than one strangulation, conduct neurological exam for brain injury or refer for examination and inform her/him of increased risk of homicide. Notify police and/or prosecutors if the victim wants this action (know state/local law on strangulation and mandatory reporting so that the victim can be informed).

## Prevention

Gershoff ET, Lee SJ, Durrant JE.

### **Promising intervention strategies to reduce parents' use of physical punishment.**

Child Abuse Negl. 2017 Sep;71:9-23. PMID: [28162793](#)

Review of effective programs to prevent physical punishment by parents at the indicated, selective, and universal levels.

Creech SK, Benzer JK, Ebalu T, Murphy CM, Taft CT.

### **National implementation of a trauma-informed intervention for intimate partner violence in the Department of Veterans Affairs: first year outcomes.**

BMC Health Serv Res. 2018 Jul 24;18(1):582. PMID: [30041642](#)

Description of implementation of “Strength at Home”, a 12 week cognitive-behavioral and trauma-informed group treatment for military and veteran populations, which was associated with “reductions in the proportion of veterans who reported using physical and psychological IPV toward a partner, the types of IPV used, and posttraumatic stress disorder symptoms.”

Takehara K, Suto M, Kakee N, Tachibana Y, Mori R.

### **Prenatal and early postnatal depression and child maltreatment among Japanese fathers.**

Child Abuse Negl. 2017 Aug;70:231-239. PMID: [28633058](#)

In this study of 270 Japanese fathers assessed during pregnancy and up to 2 months postpartum, the incidence of paternal depression was: prior to pregnancy 10.2%, prenatal 9.7%, and postpartum 8.8%. Fathers depressed at 2 months postpartum were 7.77 times more likely to engage in child maltreatment “suggesting that early detection and treatment of paternal depression might be useful for the prevention of child maltreatment.”

Sege RD, Harper Browne C.

### **Responding to ACEs With HOPE: Health Outcomes From Positive Experiences.**

Acad Pediatr. 2017 Sep - Oct;17(7S):S79-S85. PMID: [28865664](#)

“The HOPE framework emphasizes...elevating the importance of maximizing positive experiences for children, in addition to minimizing risks and the effects of negative experiences”. Guiding principles include that all domains of individual, relational, community, and societal factors must be addressed; that child and parental health and well-being are inextricably linked; and that child health incorporates physical, cognitive, social, and emotional outcomes.

## Researchers

Ullman SE, Relyea M, Sigurvinsdottir R, Bennett S.

### **A Short Measure of Social Reactions to Sexual Assault: The Social Reactions Questionnaire-Shortened.**

Violence Vict. 2017 Dec 1;32(6):1096-1115. PMID: [29021013](#)

A shortened version of the Social Reactions Questionnaire (48 items to 16 items) was validated.

## Other of Interest

Wright K.

### **Remaking collective knowledge: An analysis of the complex and multiple effects of inquiries into historical institutional child abuse.**

Child Abuse Negl. 2017 Dec;74:10-22. PMID: [29100668](#)

Review of historical institutional child abuse in Australia, the UK and Ireland, the concerns, inquiries, response of governments, key findings and recommendations.

Wright K, Swain S, McPhillips K.

### **The Australian Royal Commission into Institutional Responses to Child Sexual Abuse.**

Child Abuse Negl. 2017 Dec;74:1-9. PMID: [29037437](#)

A look at the background, key features, innovations, and extensive research program of the ½-billion-dollar-funded “Australian Royal Commission into Institutional Responses to Child Sexual Abuse”, one of the largest public inquiries internationally.

Sterling S, Chi F, Weisner C, et. al.

### **Association of behavioral health factors and social determinants of health with high and persistently high healthcare costs.**

Prev Med Rep. 2018 Jun 27;11:154-159. PMID: [30003015](#)

Taken from the 4.1 million members of the Northern California Kaiser system, a random sample of high-cost vs. non-high-cost adult members matched by age, gender, race/ethnicity, and medical severity were interviewed by phone. Factors associated with being in the higher medical utilization and cost group were psychiatric diagnosis, financial stressors, and ACEs. ACEs alone predicted persistent high-cost status in the subsequent year.