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Child Abuse

Rebbe R.

What Is Neglect? State Legal Definitions in the United States.

Child Maltreat. 2018 Aug;23(3):303-315. PMID: [29642706](#)
 "Neglect is the most common form of reported child maltreatment in the United States with 75.3% of confirmed child maltreatment victims in 2015 neglected. Despite constituting the majority of reported child maltreatment cases and victims, neglect still lacks a standard definition. In the United States, every state and the District of Columbia has its own statutory definition of neglect...Practice and policy implications of these constructions of neglect definitions are discussed."

Loinaz I, Bigas N, de Sousa AM.

Comparing intra and extra-familial child sexual abuse in a forensic context.

Psicothema. 2019 Aug;31(3):271-276. PMID: [31292041](#)
 Of 221 Spanish forensic cases of child sexual abuse (ages 3-18 years), comparing intra-familial (IF) with extra-familial (EF), IF sexual abuse was 6.35 times more likely to occur more than once, and 8.13 times more likely to have a >1 year delay in revelation. EF childhood sexual abuse was 3.05 times more likely in children with intellectual disability, and 78% of abusers were known to victims.

Matthew L, Barron I, Hodson A.

Perspectives of Young Child Abuse Survivors on Confidentiality: An Exploratory Literature Review.

J Child Sex Abus. 2019 Apr;28(3):280-300. PMID: [30388958](#)
 Young child sexual abuse survivors unknown to child protection services wanted confidentiality, accurate information about services, someone non-judgmental to talk to, control over decisions affecting their lives, and better access to services. Young people were fearful of child protection involvement.

Katz C, Hamama L.

From My Own Brother in My Own Home: Children's Experiences and Perceptions Following Alleged Sibling Incest.

J Interpers Violence. 2017 Dec;32(23):3648-3668. PMID: [26324259](#)

Insightful interviews with 20 Israeli children aged 6-12 years on their experiences with sibling incest, including issues with the grooming process, parents' absence, delayed disclosure, unsupportive reaction from parents, and shame from compliance with the abuse.

Adult Manifestations of Child Abuse

Sullivan K, Rochani H, Huang LT, Donley DK, Zhang J.

Adverse childhood experiences affect sleep duration for up to 50 years later.

Sleep. 2019 Jul 8;42(7). pii: zsz087. PMID: [31281929](#)
 From a survey of 22,403 US adults, ACEs increased the odds of chronic short sleep duration (<6hr/night) during adulthood until age 70+, independent of poor mental or physical health.

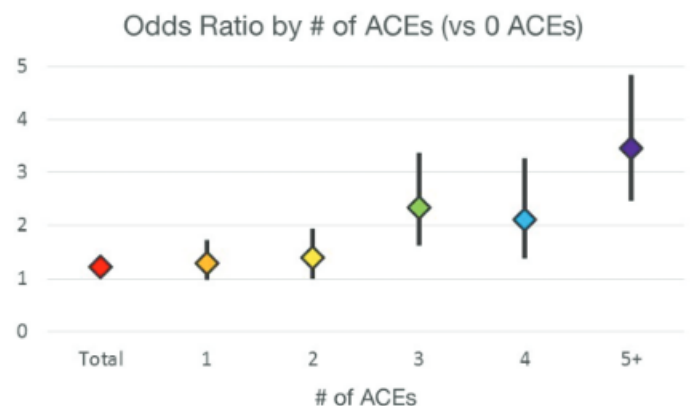


Figure 1. Odds of short sleep duration by number of ACEs. Odds of short sleep duration (<6 h) compared to optimal sleep (7-9 h) controlled for age, sex, race, education, income, and body mass index.

Radcliff E, Crouch E, Strompolis M, Srivastav A.
Homelessness in Childhood and Adverse Childhood Experiences (ACEs).

Matern Child Health J. 2019 Jun;23(6):811-820. PMID: [31006084](#)

215 South Carolinian adults who reported homelessness in childhood were significantly more likely to have 4+ ACEs (68.1%) vs. 16.3% of respondents who reported no homelessness in childhood.

Hannan SM, Orcutt HK, Miron LR, Thompson KL.
Childhood Sexual Abuse and Later Alcohol-Related Problems: Investigating the Roles of Revictimization, PTSD, and Drinking Motivations Among College Women.

J Interpers Violence. 2017 Jul;32(14):2118-2138. PMID: [26130681](#)

“Individuals with a history of childhood sexual abuse are more likely to experience both revictimization in adolescence and PTSD symptoms in adulthood, which may lead to alcohol-related problems via drinking to regulate emotional experiences.”

Epel ES, Prather AA.

Stress, Telomeres, and Psychopathology: Toward a Deeper Understanding of a Triad of Early Aging.

Annu Rev Clin Psychol. 2018 May 7;14:371-397. PMID: [29494257](#)

“Telomeres play an important part in aging and show relationships to lifetime adversity, particularly childhood adversity...There is evidence for a triadic relationship among stress, telomere shortening, and psychiatric disorders that is positively reinforcing and unfolds across the life course and, possibly, across generations. We review the role of genetics and biobehavioral responses that may contribute to shorter telomere length.”

Adolescents

Ngo QM, Veliz PT, Kusunoki Y, Stein SF, Boyd CJ.

Adolescent sexual violence: Prevalence, adolescent risks, and violence characteristics.

Prev Med. 2018 Nov;116:68-74. PMID: [30194960](#)

From a survey of middle and high school students in southeastern Michigan, “33.9% of males and 53.5% of females reported sexual violence victimization, while 22.8% of males and 12.6% of females reported sexual violence perpetration. The majority of peer-to-peer sexual victimization and perpetration occurred by someone of the opposite sex, however, same-sex victimization and perpetration were not uncommon. Substance use, depression, Attention Deficit Hyperactivity Disorder

(ADHD), and conduct disorder were associated with peer-to-peer sexual violence (victimization or perpetration) for both males and females.”

Wolak J, Finkelhor D, Walsh W, Treitman L.

Sextortion of Minors: Characteristics and Dynamics.

J Adolesc Health. 2018 Jan;62(1):72-79. PMID: [29055647](#)

“Sextortion (threats to expose sexual images to coerce victims to provide additional pictures, sex, or other favors) has been identified as an emerging online threat to youth...Almost 60% of respondents who were minors when sextortion occurred knew perpetrators in person, often as romantic partners...Half did not disclose incidents, and few reported to police or websites. Perpetrators against minors (vs. adults) were more likely to pressure victims into producing initial sexual images, demand additional images, threaten victims for >6 months, and urge victims to harm themselves.”

Sanders J, Hershberger AR, Kolp HM, et. al.

PTSD Symptoms Mediate the Relationship Between Sexual Abuse and Substance Use Risk in Juvenile Justice-Involved Youth.

Child Maltreat. 2018 Aug;23(3):226-233. PMID: [29232969](#)

In juvenile justice-involved youth, the extent of PTSD symptoms altered the relationship between sexual abuse and substance-use disorders. This suggests the viability of targeting PTSD symptoms as a modifiable risk factor to reduce the effects of sexual abuse.

Font SA, Cancian M, Berger LM.

Prevalence and Risk Factors for Early Motherhood Among Low-Income, Maltreated, and Foster Youth.

Demography. 2019 Feb;56(1):261-284. PMID: [30519845](#)

“We found that both the youth involved in CPS and youth in foster care were at significantly higher risk of early motherhood [conception <18 years] than low-income youth, and these differences were not explained by a range of sociodemographic and family composition characteristics...after girls exited foster care, those who were reunified with their birth families were at higher risk than those placed in adoption or guardianship. Overall, whereas CPS and foster youth are high-risk populations for early motherhood, CPS involvement and foster care placement do not exacerbate, and may instead reduce, risk.”

Domestic Violence – Effects on Children

Rydström LL, Edhborg M, Ring Jakobsson L, Kabir ZN.

Young witnesses of intimate partner violence: screening and intervention.

Glob Health Action. 2019;12(1):1638054. PMID: [31290378](#)

In a review of research, "Very few studies were based on children's own reporting of their experiences, but were rather based on the mothers' proxy reports. Studies distinguishing between the different forms of violence witnessed by children were few. It was uncommon that children were directly identified or screened for witnessing IPV in the family."

Elklit A, Vangsgaard LAG, Olsen ASW, Ali SA.

Post-Traumatic Stress Disorder (PTSD) Symptoms in Secondary Stalked Children of Danish Stalking Survivors-A Pilot Study.

Int J Environ Res Public Health. 2019 Feb 28;16(5). pii: E725. PMID: [30823416](#)

Of 57 children who had experienced secondary stalking due to stalking of a parent, 22% of the group 0-6 years old met criteria for PTSD, 85% of 7-11 year olds, and 58% of 12-19 year olds. Reactions were predominantly in the arousal cluster of symptoms with sleep disturbances and irritability.

Mueller I, Tronick E.

Early Life Exposure to Violence: Developmental Consequences on Brain and Behavior.

Front Behav Neurosci. 2019 Jul 9;13:156. PMID: [31338031](#)

"Exposure to intimate partner violence (IPV) can have long-lasting effects on a child's socio-emotional and neurological development. Research has focused on the effects of IPV on women or older children...Exposure to IPV during infancy disrupts the infant's emotional and cognitive development, the development of the Hypothalamus-Pituitary-Adrenal (HPA) axis [stress hormone system] and brain structures related to witnessing itself (auditory and visual cortex)."

Domestic Violence – Physical Health

Teixeira SAM, Taquette SR, Monteiro DLM.

Violence and sexually transmitted infections in pregnancy.

Rev Assoc Med Bras (1992). 2019 Mar;65(3):475-484. PMID: [30994850](#)

In this research review, 22 of 26 articles showed an association between partner violence and sexually transmitted infections, including during pregnancy.

Della Rocca GJ, Tornetta P 3rd, Schneider PS, Sprague S. **Intimate Partner Violence and Orthopaedics: AOA Critical Issues.**

J Bone Joint Surg Am. 2019 Jul 3;101(13):e62. PMID: [31274727](#)

"One in 50 women presenting to an orthopaedic clinic with an injury have been injured from intimate partner violence (IPV). This number does not include the additional patients who have experienced psychological or emotional abuse. Musculoskeletal injuries, such as fractures, sprains, strains, and dislocations, are the second-most prevalent injury type after head and neck injuries that occur after physical violence."

Rowlands S, Walker S.

Reproductive control by others: means, perpetrators and effects.

BMJ Sex Reprod Health. 2019 Jan;45(1):61-67. PMID: [30622127](#)

"Reproductive control of women by others comprises a wide range of behaviours, from persuasion to pressure such as emotional blackmail, societal or family expectations, through to threats of or actual physical violence...It can be carried out by intimate partners, the wider family, or as part of criminal behaviour. One form is contraceptive sabotage, which invalidates the consent given to sex. Contraceptive sabotage includes the newly-described behaviour of 'stealthing': the covert removal of a condom during sex. Reproductive control by others is separate from intimate partner violence but there are similarities and the phenomena overlap. Reproductive control by others is reported by as many as one quarter of women attending sexual and reproductive healthcare services."

Domestic Violence – Mental Health

Oram S, Khalifeh H, Howard LM.

Violence against women and mental health.

Lancet Psychiatry. 2017 Feb;4(2):159-170. PMID: [27856393](#)

"Violence against women is also a prominent public mental health problem, and mental health professionals should be identifying, preventing, and responding to violence against women more effectively. Despite clinical guidance...poor identification persists and can lead to non-engagement with services and poor response to treatment."

Toews ML, Bermea AM.

"I Was Naive in Thinking, 'I Divorced This Man, He Is Out of My Life'": A Qualitative Exploration of Post-Separation Power and Control Tactics Experienced by Women.

J Interpers Violence. 2017 Jul;32(14):2166-2189. PMID: [26088900](#)

Post-separation, abusers used: the children, threats, harassment, intimidation, economic abuse, and physical violence. "The violent and coercive behaviors men used during the marriage continued to influence the women's perceptions of the power and control their former husbands had over them post-separation. As a result, many of the women described how they gave up everything just to get out of their abusive marriages."

Elder/Dependent Adult Abuse

Yon Y, Ramiro-Gonzalez M, Mikton CR, Huber M, Sethi D.
The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis.

Eur J Public Health. 2019 Feb 1;29(1):58-67. PMID: [29878101](#)

In a research review of elder abuse in institutional settings, "Overall abuse estimates, based on staff reports, suggest that 64.2% of staff admitted to elder abuse in the past year...Prevalence estimates for abuse subtypes reported by older residents were highest for psychological abuse (33.4%), followed by physical (14.1%), financial (13.8%), neglect (11.6%), and sexual abuse (1.9%)."

Ries NM, Mansfield E.

Elder abuse: The role of general practitioners in community-based screening and multidisciplinary action.

Aust J Gen Pract. 2018 Apr;47(4):235-238. PMID: [29621866](#)

Review article for Australian GPs on qualities of various available screening tools for elder abuse, methods to incorporate screening into their practice, and how to play a role in multidisciplinary action to address the problem.

(See page 10 for table of screening tools.)

LGBTQ Concerns

Fernández-Rouco N, Fernández-Fuertes AA, et. al,
Gómez-Pérez E. Sexual Violence History and Welfare in Transgender People.

J Interpers Violence. 2017 Oct;32(19):2885-2907. PMID: [27386885](#)

From interviews with 33 Spanish transgender individuals, the majority had experienced childhood sexual abuse, as well as frequent recurrence of experiences of sexual violence, and used avoidance as a coping mechanism.

Cultural Concerns

Sabri B, Nnawulezi N, Njie-Carr VPS, et. al.

Multilevel Risk and Protective Factors for Intimate Partner Violence Among African, Asian, and Latina Immigrant and Refugee Women: Perceptions of Effective Safety Planning Interventions.

Race Soc Probl. 2018 Dec;10(4):348-365. PMID: [31289602](#)

Via interviews and focus groups, adult immigrant and refugee women survivors of IPV who identified as Asian, Latina, and African revealed multiple cultural risk and protective factors relating to safety from abuse.

Timraz S, Lewin L, Giurgescu C, Kavanaugh K.

An Exploration of Coping with Childhood Sexual Abuse in Arab American Women.

J Child Sex Abus. 2019 Apr;28(3):360-381. PMID: [30431408](#)

Description from 10 Arab American women with a history of childhood sexual abuse on Arabic cultural values influence on the women's experience of CSA and their coping strategies, especially regarding disclosure and seeking mental health services.

Sexual Assault

Smith-Marek EN, Baptist J, Lasley C, Cless JD.

"I Don't Like Being That Hyperaware of My Body": Women Survivors of Sexual Violence and Their Experience of Exercise.

Qual Health Res. 2018 Sep;28(11):1692-1707. PMID: [29984617](#)

Survivors' choices related to exercise were impacted by their stage of recovery. A variety of social-contextual factors appeared to support or impede motivation to exercise. It was not disinterest in exercise or low confidence in the ability to exercise, but restricted exercise options perceived as safe that influenced exercise motivation.

Human Trafficking

Ortelli TA, Burlingame KL.

Breaking the Cycle of Human Trafficking.

Am J Nurs. 2018 Dec;118(12):62-64. PMID: [30461496](#)

Comprehensive list of resources to help nurses identify, assess, and care for those experiencing trafficking.

Nsonwu M.

Human Trafficking of Immigrants and Refugees in North Carolina.

N C Med J. 2019 Mar-Apr;80(2):101-103. PMID: [30877159](#)

General review article on human trafficking, the risk factors for immigrants and refugees to be trafficked, the role of healthcare in identification and management, the multidimensional response of North Carolina toward this problem, and additional measures needed.

Perpetrators

Farzan-Kashani J, Murphy CM.

Anger Problems Predict Long-Term Criminal Recidivism in Partner Violent Men.

J Interpers Violence. 2017 Dec;32(23):3541-3555. PMID: [26286588](#)

Of 132 men receiving services for DV perpetration, those with low anger control and high anger expression predicted gender violence recidivism. New intervention approaches are needed for partner violent men with serious anger dysregulation.

Farley M, Golding JM, Matthews ES, Malamuth NM, Jarrett L.
Comparing Sex Buyers With Men Who Do Not Buy Sex: New Data on Prostitution and Trafficking.

J Interpers Violence. 2017 Dec;32(23):3601-3625. PMID: [26324260](#)

Comparing 101 men who buy sex and 101 age, education, and ethnicity-matched men who do not, sex buyers were more likely to report sexual aggression and likelihood to rape, scored higher on measures of impersonal sex and hostile masculinity, “and had less empathy for prostituted women, viewing them as intrinsically different from other women.”

Police and Court Systems

Agnew-Brune C, Beth Moracco KE, Person CJ, Bowling JM.

Domestic Violence Protective Orders: A Qualitative Examination of Judges' Decision-Making Processes.

J Interpers Violence. 2017 Jul;32(13):1921-1942. PMID: [26085376](#)

Telephone interviews with 20 North Carolina judges revealed multiple issues with respect to deciding to issue an IPV restraining order. These concerns included reaching a necessary threshold for level of threat that was represented by “visible injuries, evidence of physical violence or threats of violence, courtroom demeanor of the plaintiff, and temporality of filing for the order”; presence of children, which led in two directions – more serious if children were present, or more questionable that this was a ploy relating to custody; and the negative consequences of granting or denying the order.

Providers

Gillespie RJ.

Screening for Adverse Childhood Experiences in Pediatric Primary Care: Pitfalls and Possibilities.

Pediatr Ann. 2019 Jul 1;48(7):e257-e261. PMID: [31305942](#)

This article reviews the current state of screening for ACEs and toxic stress in practice, describes how pediatricians and clinics have overcome pitfalls during implementation of practice-based screening initiatives, and discusses possibilities for the future of primary care-based screening.

Marie-Mitchell A, Lee J, Siplon C, Chan F, Riesen S, Vercio C.
Implementation of the Whole Child Assessment to Screen for Adverse Childhood Experiences.

Glob Pediatr Health. 2019 Jul 4;6:2333794X19862093. PMID: [31309131](#)

Development of the Whole Child Assessment for pediatric primary care, which combines ACEs screening with state-required Medicaid questions such as dental health and nutrition. The screen was developed with extensive input from family members and physicians. With a streamlined work process, visits were actually shorter.

Marsicek SM, Morrison JM, Manikonda N, et. al.

Implementing Standardized Screening for Adverse Childhood Experiences in a Pediatric Resident Continuity Clinic.

Pediatr Qual Saf. 2019 Mar 27;4(2):e154. PMID: [31321368](#)

Details of specific roll out of ACEs screening at one pediatric clinic, including timeline, and a list of educational and process interventions that in one year improved screening from 0 to 60%.

Bunting L, Montgomery L, Mooney S, et. al.
Trauma Informed Child Welfare Systems-A Rapid Evidence Review.

Int J Environ Res Public Health. 2019 Jul 3;16(13). pii: E2365. PMID: [31277339](#)

“Integrating awareness of childhood adversity into the public health agenda and cross-system service delivery (education, health, social care, justice) is essential to prevent, recognise and mitigate the impact of trauma on children.” Article analyzes research via an organizational approach to trauma-informed care using this general structure:

Table 1. Domains of trauma informed implementation in child welfare systems (Hanson and Lang, 2016) [9].

Workforce Development	Trauma-Focused Services	Organisational Change
<ul style="list-style-type: none"> • Training of all staff on the impact of abuse or trauma • Measuring staff knowledge/practice • Strategies/procedures to address/reduce traumatic stress among staff • Knowledge/skills in accessing evidence-based services 	<ul style="list-style-type: none"> • Screening/assessment to identify trauma history and symptoms • Child’s trauma history included in case record/plan • Availability of evidence-based trauma-focused practices 	<ul style="list-style-type: none"> • Collaboration, coordination, and information sharing (internal and external) • Procedures to reduce risk for client re-traumatization • Promotion of consumer engagement • Provision of strength-based services • Safe physical environment • Written policies that include/support TIC principles

Spangaro J.
What is the role of health systems in responding to domestic violence? An evidence review.

Aust Health Rev. 2017 Dec;41(6):639-645. PMID: [28104041](#)

“There is growing evidence for the effectiveness of health service interventions to reduce the extent of harm caused by domestic violence, in particular for specialist counselling, structured risk assessment and safety planning, training for first-line responses, and interventions for mothers and children affected by domestic violence.”

Rosenblatt MS, Joseph KT, Dechert T, et. al.
American Association for the Surgery of Trauma Prevention Committee topical update: Impact of community violence exposure, intimate partner violence, hospital-based violence intervention, building community coalitions and injury prevention program evaluation.

J Trauma Acute Care Surg. 2019 Aug;87(2):456-462. PMID: [31349352](#)

The American College of Surgeons Committee on Trauma mandates that trauma centers demonstrate financial support for an injury prevention program as part of the verification process. This review covers the impact of both community violence exposure and intimate partner/domestic violence.

Mousaco S, Tarzia L, Forsdike K, Hegarty K.
'No one teaches us how to deal with this': General practitioners' experiences of working with men who use violence in relationships.

Aust J Gen Pract. 2019 Jul;48(7):487-491. PMID: [31256517](#)

21 Australian GPs felt inexperienced and unprepared to identify and respond to male patients who perpetrate IPV.

Kivisto AJ, Kivisto KL.
Risk Management with Clients Who Stalk, Threaten, and Harass Mental Health Professionals.

Am J Psychother. 2018 Nov 1;71(3):110-120. PMID: [30404562](#)

122 psychologists who had experienced stalking, threatening, or harassing behavior from clients used 3 general management strategies – seeking advice or assistance within personal and professional relationships, making changes to personal or professional life, and using clinical strategies such as direct confrontation. The study details which strategies worked better for which type of clients.

TABLE 1. Primary psychiatric diagnoses among clients who engage in stalking, threatening, or harassing behavior (STHB)^a

Primary psychiatric diagnosis ^a	N	%
Psychotic disorder	16	24
Mood disorder	16	24
Personality disorder	22	33
Anxiety disorder	6	4
Cognitive/neurological	4	6
Substance abuse/dependence	2	3
No diagnosis	1	2

^a Seventy-two clinicians indicated that their client was mentally ill at the time of the STHB, but five did not specify a most likely primary diagnosis.

Dolan CM, Raber MS.
Responding to child sexual abuse disclosure.

Nurse Pract. 2017 Dec 15;42(12):18-26. PMID: [29176435](#)

“When CSA is disclosed, much has changed in the child’s and family’s lives. Many losses have occurred and potential harm follows the child into adulthood. A chain reaction of medical and legal events is activated. The team assists the family in a complex process that lasts for years. The child, depending on the extent of risk, may have been removed to foster care. Children are known to be resilient survivors. Hope for healing and recovery cannot begin without disclosure. When CSA is disclosed, treatment begins and hope arises.”

McCarthy A, Cyr M, Fernet M, Hébert M.
Maternal Emotional Support following the Disclosure of Child Sexual Abuse: A Qualitative Study.

J Child Sex Abus. 2019 Apr;28(3):259-279. PMID: [30388947](#)

22 non-offending mothers of children who experienced sexual abuse reported feeling initially overwhelmed and lost about how to emotionally support their child, but were helped with therapy to encourage children to talk about their experience, to comfort their child’s distress, and to guide their child’s recovery process. Authors advocate for more immediate support for these parents.

Partap A.

New Approach to Pediatric Treatment Planning to Support Caregivers Living with Adversities.

Pediatr Ann. 2019 Jul 1;48(7):e262-e268. PMID: [31305943](https://pubmed.ncbi.nlm.nih.gov/31305943/)

“Pediatric practitioners will need to consider how adversities affect the caregiver's well-being and capacity to provide protective, buffering relationships to prevent toxic stress, and access to recommended treatments. This article proposes a reconsideration of traditional treatment planning to be adversity-informed to provide family centered care.”

Adversity-Informed Treatment Planning: Family Centered Care Framework

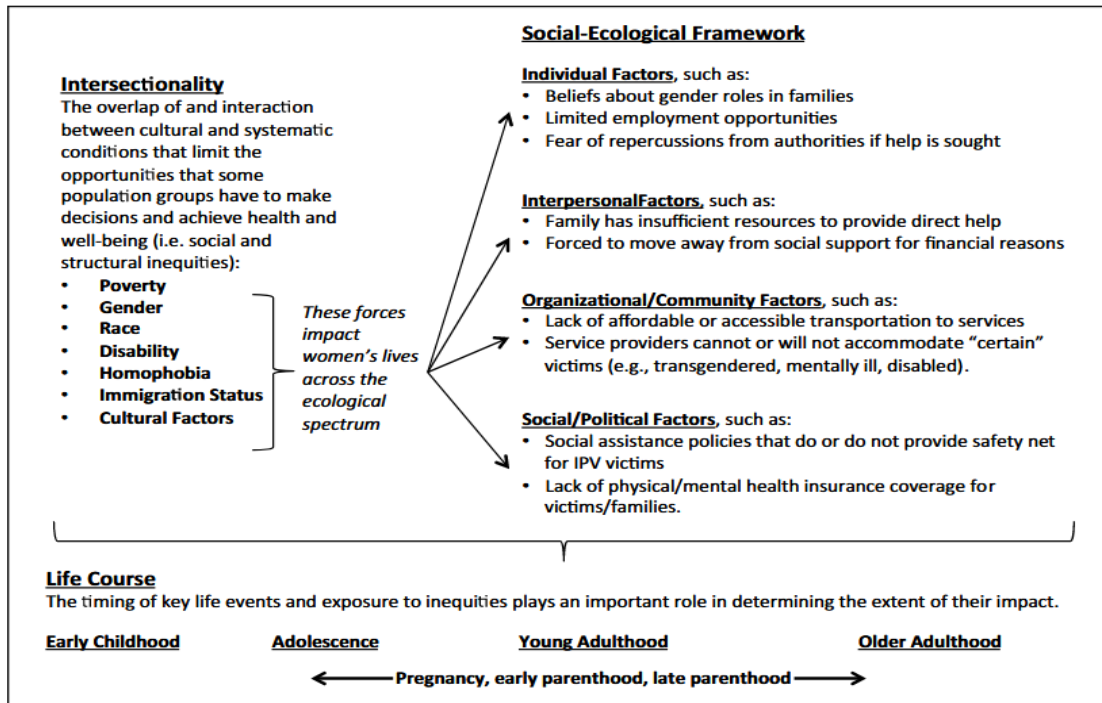
Social Determinant of Health in Patient's Home/Childhood³	ACEs in Patient's Childhood²⁻⁴	Protective Factors¹⁰	Child Symptoms/Diagnosis^{2,5,6,8,10,14,21,23-27}	Subsequent Adult Health Risks or Conditions^{2,6}
SES Housing instability Food insecurity Transportation Utility needs Sexual orientation Race and ethnicity Country of origin/US born or non-US born Employment Psychological domains Health literacy/education Stress Negative mood and affect: Depression and anxiety Psychological assets; conscientiousness, patient engagement/activation, optimism, and self-efficacy Behavior domains Dietary patterns Physical activity Tobacco use and exposure Alcohol use Individual-level social relationships and living conditions Interpersonal safety Social connections and social isolation Neighborhood and community compositional characteristics	ACEs originally reported Psychological abuse Physical abuse Sexual abuse Emotional neglect Physical neglect Household member with substance use disorder Household member with symptomatic mental illness Caregiver treated violently Household member imprisoned Parent separation, divorce Parent death Additional family adversities Discrimination Foster care Additional framework ACEs in caregiver's childhood	Nurturing, protective caregiver to buffer from potentially toxic stress Others	Health Physical or emotional abuse Sexual abuse Physical or emotional neglect In-utero drug or alcohol exposures Prematurity-related disabilities Asthma Obesity Poor oral health Eczema Congenital deformities Abnormal eating/poor growth Developmental delays/disabilities Poor academic achievement Sequelae from abusive head trauma Sequelae from physical or sexual abuse Injury Enuresis, encopresis Emotional distress Sleep difficulties Depression Attention-deficit/hyperactivity disorder Anxiety Suicidal ideation/attempt Unintended pregnancy High-risk behaviors Peer difficulties Tobacco use Alcohol or drug misuse/abuse Early and/or high-risk sexual activity Truancy Illegal activity	Health Depression COPD/emphysema STI Stroke Ischemic heart disease BMI >35 kg/m ² Any cancer Ever attempted suicide Skeletal fracture Hepatitis Drug/alcohol abuse High-risk behaviors >50 sexual partners Smoker No physical activity Risk of intimate partner violence Life potential Poor work performance Financial stress

Velonis AJ, Daoud N, Matheson F, et. al.

Strategizing Safety: Theoretical Frameworks to Understand Women's Decision Making in the Face of Partner Violence and Social Inequities.

J Interpers Violence. 2017 Nov;32(21):3321-3345. PMID: [26303937](#)

“Within Westernized communities, women are often judged harshly by those around them for not removing themselves and their children from violent partners, even when the only options available may not seem much better.”



Prevention

Chandra-Mouli V, Plesons M, Amin A.

Addressing harmful and unequal gender norms in early adolescence.

Nat Hum Behav. 2018 Apr;2(4):239-240. PMID: [30936534](#)

“By addressing gender socialization in early adolescence, we can work to foster gender equitable norms as a critical investment in shaping adolescents’ health and wellbeing and their trajectories into adulthood. This is the basis for creating a more just society.”

Smith-Darden JP, Kernsmith PD, Reidy DE, Cortina KS.

In Search of Modifiable Risk and Protective Factors for Teen Dating Violence.

J Res Adolesc. 2017 Jun;27(2):423-435. PMID: [28876526](#)

Study findings suggest that interventions to modify acceptance of violence or anger/hostility may help prevent physical and sexual teen dating violence perpetration for both boys and girls, while results for conflict resolution strategies were mixed.

Wilkinson A, Lantos H, McDaniel T, Winslow H.

Disrupting the link between maltreatment and delinquency: how school, family, and community factors can be protective.

BMC Public Health. 2019 May 17;19(1):588. PMID: [31101102](#)

“For violent offending, school connection, high-quality relationships with mother or father figures, and neighborhood collective efficacy were all generally protective...For non-violent offending, the same was true of school connection, high-quality relationships with a mother figure, and neighborhood collective efficacy...no evidence of a protective effect for time spent with friends.”

Lynch BA, Finney Rutten LJ, Wilson PM, et. al.

The impact of positive contextual factors on the association between adverse family experiences and obesity in a National Survey of Children.

Prev Med. 2018 Nov;116:81-86. PMID: [30218722](#)

“Adverse family experiences (AFEs) are associated with childhood obesity.” In this National Survey of Children’s Health, with 43,864 participants, in the presence of AFEs the odds of obesity/overweight all decreased with positive contextual factors of good/excellent maternal mental health, neighborhood and school safety, and child resilience.

Researchers

Caleyachetty R, Hardy R, Cooper R, et. al.

Modeling Exposure to Multiple Childhood Social Risk Factors and Physical Capability and Common Affective Symptoms in Later Life.

J Aging Health. 2018 Mar;30(3):386-407. PMID: [28553793](#)
Comparison in using the approaches of cumulative risk, factor analysis, and latent class analysis in looking at associations of childhood social risk and effects on elders.

Kobulsky JM, Kepple NJ, Jedwab M.

Abuse Characteristics and the Concordance of Child Protective Service Determinations and Adolescent Self-Reports of Abuse.

Child Maltreat. 2018 Aug;23(3):269-280. PMID: [29793350](#)
“Both self-report and CPS data strategies are incomplete measures but suggest higher detection of physical and emotional abuse via self-report. For sexual abuse, the use of secondary informants (i.e., aside from the youth) may be particularly important given low rates of disclosure...the use of youth self-report versus CPS data lead to varying conclusions.”

Other of Interest

Velopulos CG, Carmichael H, Zakrisson TL, Crandall M.

Comparison of male and female victims of intimate partner homicide and bidirectionality-an analysis of the national violent death reporting system.

J Trauma Acute Care Surg. 2019 Aug;87(2):331-336. PMID: [31348402](#)

In a retrospective review of the 2003-2015 National Violence Death Reporting System, “A total of 6,131 persons in opposite-sex relationships and 181 in same-sex relationships were murdered as a result of IPV. Women and Black men were disproportionately affected...Abuse preceded homicide in many women, with almost half of male suspects attempting or committing suicide at the time of intimate partner homicide.

Cliffe C, Miele M, Reid S.

Homicide in pregnant and postpartum women worldwide: a review of the literature.

J Public Health Policy. 2019 Jun;40(2):180-216. PMID: [30728444](#)

Reported worldwide rates of maternal homicide range from 0.97 to 10.6 per 100,000 live births. “Women murdered in the perinatal period constituted a highly vulnerable group: they were

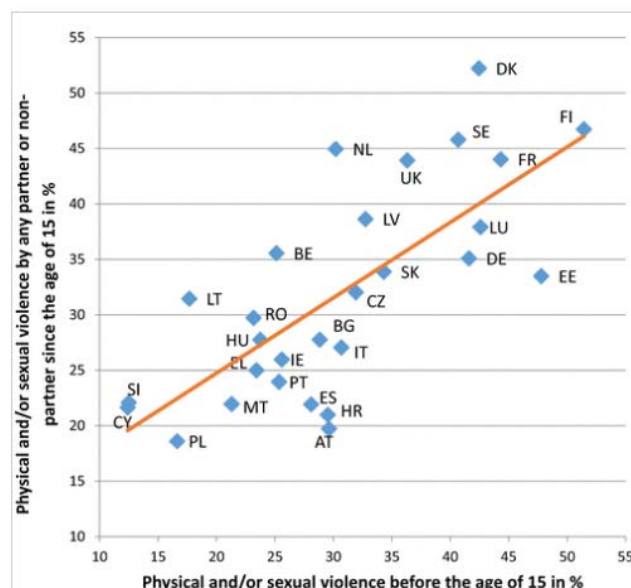
younger, more likely to be from minority ethnic groups, and unmarried. Domestic violence was a significant risk factor for attempted and completed homicide. Compared to other countries, pregnancy-associated homicide rates were highest in the US. It is unclear how much of the difference to attribute to better case identification or to actual risk. Our review demonstrates pregnancy-associated homicide is an important contributor to maternal mortality, with rates comparable to suicide.”

Till-Tentschert U.

The Relation Between Violence Experienced in Childhood and Women's Exposure to Violence in Later Life: Evidence From Europe.

J Interpers Violence. 2017 Jun;32(12):1874-1894. PMID: [30156989](#)

In this 28 EU Member survey, “Women who indicated having experienced violence by an adult perpetrator before the age of 15 years appear to be at greater risk of experiencing physical and sexual abuse in later life.”



Fry D, Fang X, Elliott S, et. al.

The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis.

Child Abuse Negl. 2018 Jan;75:6-28. PMID: [28711191](#)

In a research review from 21 countries, all forms of violence in childhood had a significant impact on educational outcomes, including academic achievement on standardized tests. “Children who have experienced any form of violence in childhood have a 13% predicted probability that they will not graduate from school...Girls who have experienced sexual violence have a three-fold increased risk of being absent.”

Table from Ries article page 4, screening tools for elder abuse.

Table 1. Elder abuse screening tools suitable for use in community settings using direct questioning of the older adult			
Measure name Country in which tool developed Administration method Completion time Used in Australian studies?	Number of domains, types of abuse and items	Timeframe over which risk assessed Response scale	Psychometric properties
Elder Abuse Suspicion Index (EASI) Canada Interview conducted by primary care provider 1-10 mins Not used in Australian studies	Domains: <ul style="list-style-type: none"> • Risk for abuse (one item) • Abusive behaviours (five items) Types of abuse: Emotional, physical/sexual, financial, neglect Items: 6	Past 12 months Five Yes/No questions asked of the patient One Yes/No question asked of the provider	Relatively low sensitivity
Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) US Self-administered interview 5-10 mins Not used in Australian studies	Domains: <ul style="list-style-type: none"> • Violation of rights or direct abuse • Traits that increase vulnerability • Features of potential abusive situations Types of abuse: Emotional, physical/sexual, financial, neglect Items: 15	Time frame not specified – focused on current experiences Response scale: Yes/No	Acceptable content, criterion, construct validity High false-negative rate
Vulnerability to Abuse Screening Scale (VASS) Australia Self-administered interview 5-10 mins Used in an Australian study	Domains: <ul style="list-style-type: none"> • Vulnerability • Dependence • Dejection • Coercion Types of abuse: Emotional, physical/sexual, financial, neglect Items: 17 (consists of the HS-EAST scale with two additional items)	Time frame not specified- focused on current experiences Response scale: Yes/No	Moderate to good internal consistency reliability Acceptable construct validity Positive correlations with abuse risk factors
Older Adult Financial Exploitation Measure (OAFEM) US Self-report questionnaire administered via interview Administration time not reported Not used in Australian studies	Domains: <ul style="list-style-type: none"> • Possible fraud • Victimisation • Coercion • Signs of possible exploitation • Financial management Types of abuse: Financial only Items: 79, 54 and 30-item versions	Past 12 months Response scale: Yes/No/ Suspected/unknown	Acceptable construct validity Acceptable internal consistency reliability Sensitivity and specificity required further testing
Lichtenberg Financial Decision Making Screening Scale (LFDSS) US Self-report questionnaire administered via interview 5-7 minutes Not used in Australian studies	Domains: <ul style="list-style-type: none"> • Intellectual factors • Susceptibility to undue influence Types of abuse: Financial only Items: 10	Refers to a financial transaction currently in process of making or already made Response options variable depending on question	Acceptable internal consistency reliability Acceptable criterion validity