

Safeguarding

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1. Racial and ethnic disparities in diagnostic imaging for child physical abuse

Authors: Abdo, Denise C.; Puls, Henry T.; Hall, Matt; Lindberg, Daniel M.; Anderst, James; Wood, Joanne N.; Parikh, Kavita; Tashijan, Margaret and Sills, Marion R.

Publication Date: 2024

Journal: Child Abuse & Neglect 149, pp. 106648

Abstract: Importance: Racial bias may affect occult injury testing decisions for children with concern for abuse.; Objectives: To determine the association of race on occult injury testing decisions at children's hospitals.; Design: In this retrospective study, we measured disparities in: (1) the proportion of visits for which indicated diagnostic imaging studies for child abuse were obtained; (2) the proportion of positive tests.; Setting: The Pediatric Health Information System (PHIS) administrative database encompassing 49 tertiary children's hospitals during 2017-2019.; Participants: We built three cohorts based on guidelines for diagnostic testing for child abuse: infants with traumatic brain injury (TBI; n = 1952), children <2 years old with extremity fracture (n = 20,842), and children <2 years old who received a skeletal survey (SS; n = 13,081).; Main Outcomes and Measures: For each group we measured: (1) the odds of receiving a specific guideline-recommended diagnostic imaging study; (2) among those with the indicated imaging study, the odds of an abuse-related injury diagnosis. We calculated both unadjusted and adjusted odds ratios (AOR) by race and ethnicity, adjusting for sex, age in months, payor, and hospital.; Results: In infants with TBI, the odds of receiving a SS did not differ by racial group. Among those with a SS, the odds of rib fracture were higher for non-Hispanic Black than Hispanic (AOR 2.05 (CI 1.31, 3.2)) and non-Hispanic White (AOR 1.57 (CI 1.11, 2.32)) patients. In children with extremity fractures, the odds of receiving a SS were higher for non-Hispanic Black than Hispanic and non-Hispanic White patients (AOR 1.97 (CI 1.74, 2.23)); (AOR 1.17 (CI 1.05, 1.31)), respectively, and lower for Hispanic than non-Hispanic White patients (AOR 0.59 (CI 0.53, 0.67)). Among those receiving a SS, the rate of rib fractures did not differ by race. In children with skeletal surveys, the odds of receiving neuroimaging did not differ by race. Among those with neuroimaging, the odds of a non-fracture, non-concussion TBI were lower in non-Hispanic Black than Hispanic patients (AOR 0.7 (CI 0.57, 0.86)) and were higher among Hispanic than non-Hispanic White patients (AOR 1.23 (CI 1.02, 1.47)).; Conclusions and Relevance: We did not identify a consistent pattern of race-based disparities in occult injury testing when considering the concurrent yield for abuse-related injuries. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

2. Identification and responses by nurses to sexual exploitation of young people

Authors: Adakpa, Itodo and McLuskey, John

Publication Date: 2024

Journal: British Journal of Nursing 33(7), pp. 338-345

Abstract: Background: Nurses are uniquely positioned to identify and respond to the sexual exploitation of young people. They treat sexually transmitted infections, unplanned pregnancies, and mental health issues, often collaborating with social services and law

enforcement to safeguard young people. Aim: This narrative review explores the pivotal role of nurses in identifying and responding to sexual exploitation among young people. Methods: Empirical evidence from 1997 to 2021 was examined through a comprehensive search of databases such as CINAHL-EBSCO, ASSIA, PubMed (including Medline), and manual screening of abstracts. The PRISMA guideline was applied. Thematic analysis of 12 selected studies revealed three overarching themes. Findings: The themes identified were the influence of technology on the sexual exploitation of young people, identification and response to sexual exploitation in both clinical and non-clinical settings, and organisational support. Conclusion: These findings shed light on sexual exploitation and underscore the significance of a person-centred approach to nursing care that addresses the health and social impacts of sexual exploitation. It emphasises the importance of interagency collaboration and appropriate clinical interventions to effectively support young people at risk. Increased professional development, support, and supervision for nurses are relevant to identifying, responding to, and preventing the sexual exploitation of young people.

3. Stereotypes and unconscious bias in institutional child sexual abuse: Barriers to identification, reporting and prevention

Authors: Arnold, Suzanne and Jeglic, Elizabeth L.

Publication Date: 2024

Journal: Child Abuse Review 33(2), pp. 1-13

Abstract: Child sexual abuse within institutional settings has been a major concern for governments around the world for many years. Consequently, prevention policies have been developed, and institutional child abuse laws have been strengthened in many jurisdictions. Legislation is important to prevent reoffending, however, the majority of childhood sexual abuse remains unreported and undetected. While awareness of the failings of institutions to properly identify and respond to child abuse has grown in recent years, barriers to reporting institutional abuse remain understudied, impacting the ability to prevent abuse. One possible reason that prevents workers from identifying and reporting child sexual abuse is that their judgements are vulnerable to stereotypes and unconscious biases about who perpetrates and is victimised by sexual crimes and what constitutes warning signs of sexually abusive behaviours. Research in psychology provides key insights into human reasoning processes that can lead to bias, so workers fail to identify, respond and prevent grooming and child abuse in an organisational context. This paper reviews what is known about the development and maintenance of stereotypes and unconscious bias, their role in institutional sexual abuse, and concludes with a discussion of measures that can be taken to mitigate unconscious bias to prevent child abuse.

4. Protective and risk factors of workplace violence against nurses: A cross-sectional study

Authors: Bagnasco, Annamaria;Catania, Gianluca;Pagnucci, Nicola;Alvaro, Rosaria;Cicolini, Giancarlo;Dal Molin, Alberto;Lancia, Loreto;Lusignani, Maura;Mecugni, Daniela;Motta, Paolo Carlo;Watson, Roger;Hayter, Mark;Timmins, Fiona;Aleo, Giuseppe;Napolitano, Francesca;Signori, Alessio;Zanini, Milko;Sasso, Loredana and Mazzoleni, Beatrice

Publication Date: 2024

Journal: Journal of Clinical Nursing

Abstract: Aims: To describe how workplace violence (WPV) is experienced by nurses in hospitals and community services and identify protective and risk factors.; Methods: An online cross-sectional national study was conducted from January to April 2021 in Italy. Hospitals and community services were involved in the study. The survey combined the adapted and validated Italian version of the Violence in Emergency Nursing and Triage (VENT) questionnaire, which explores the episodes of WPV experienced during the previous 12 months, the Practice Environment Scale of the Nursing Work Index (PES-NWI) and some additional questions about staffing levels extracted from a previous RN4CAST study. Nurses working in all clinical settings and community services were invited to participate in the survey. Descriptive and inferential statistics were used for data analysis. We adhered to the STROBE reporting guidelines.; Results: A total of 6079 nurses completed the survey, 32.4% (n = 1969) had experienced WPV in the previous 12 months, and 46% (n = 920) reported WPV only in the previous week. The most significant protective factors were nurses' age, patients' use of illegal substances, attitude of individual nurses and considering effective the organization's procedures for preventing and managing episodes of violence. The most significant risk factors included workload, recognizing violence as an inevitable part of the job, patients' cultural aspects and patients' agitated behaviour. The frequency of WPV was significantly higher in certain areas, such as the emergency department and in mental health wards.; Conclusion: Workplace violence (WPV) against nurses is a very frequent and concerning issue, especially in hospitals and community services. Based on our findings, integrated and multimodal programmes for prevention and management of WPV are recommended. More attention and resources need to be allocated to reduce WPV by improving the quality of nurses' workplace environment and implementing violence-free policies for hospitals.; Implications for the Profession And/or Patient Care: Impact Workplace verbal and physical violence is a widespread phenomenon, both in hospital and community settings, and even during COVID-19 pandemic. This problem is exacerbated by the lack of effective reporting systems, fear of retaliation and the tendency to consider violence as an inevitable part of the job. The characteristics of professionals, patients, work environment and organizational factors are involved in the spread of workplace violence, determining its multifactorial nature. Integrated and multimodal programmes to prevent and manage of workplace violence are probably the only way to effectively counteract workplace violence against nurses. Healthcare policymakers, managers of hospital and community services need to proactively prevent and effectively manage and monitor episodes of violence. Nurses need to feel protected and safeguarded against any form of verbal or physical violence, to provide high-quality care in a totally safe environment.; Patient or Public Contribution: No patient or public contribution. (© 2024 John Wiley & Sons Ltd.)

5. Association of child abuse and neglect training with filing reports of concern to child welfare services: a cross-sectional study

Authors: Birungi, Nancy;Berge, Karin Goplerud;Åstrøm, Anne Nordrehaug and Brattabø, Ingfrid Vaksdal

Publication Date: 2024

Journal: BMC Oral Health 24(1), pp. 1-11

Abstract: Background: The aptitude, knowledge, and competence of dental health personnel on child abuse and neglect (CAN) is not optimal for deciding when to file a report of concern to child welfare services (CWS). Objectives: The aim of this study was, firstly, to assess the association of the public dental health personnel's (PDHP) training on CAN received in the last three work years, i.e., in 2016 through 2018 with filing reports to the CWS in the same period and secondly to assess the association of expressed need of training on CAN with filing reports to the CWS. Methods: This cross-sectional study uses data from an electronic survey census of PDHP from Norway (n = 1791) conducted in 2019. The Pearson chi-square test, non-parametric tests, logistic, and negative binomial regression were used for unadjusted and adjusted analysis. Data was reported with proportions, odds ratios (OR), incidence rate ratios and 95% confidence intervals (CIs). Results: From 2016 to 2018, the prevalence estimate of filing reports to CWS was 50%, with a mean (standard deviation) of 1.39 (2.11) reports sent. The logistic regression analysis showed an association between filing reports of concern and CAN training in the last three years. Compared to those that had not received CAN training during the three previous years, the ORs (95% CI) for filing reports to the CWS during the same period was 2.5 (1.6-4.0) for one day CAN work training, 3.2 (2.0-5.1) for 2–4 days CAN training and 4.9 (2.6–9.4) for five or more days CAN training. Compared to workers who did not need training in reporting (routines of CAN), those who expressed the need for a little more and more training were less likely to file a report. The corresponding OR were 0.6 (0.4–0.9) and 0.6 (0.3–0.9), respectively. Conclusion: CAN training during the last three years is associated with filing reports of concern to CWS in the same period among PDHP in Norway. The likelihood of filing CAN reports increased with the number of days of CAN training received. Secondly, the PDHP with an expressed need for training on CAN routines were less likely to report suspicions to CWS.

6. Elder abuse geriatrics: describing an important new medical specialist

Authors: Bloemen, Elizabeth M.;Tietz, Sarah;Lindberg, Daniel M.;Hayes, Jason;Lum, Hillary;Gottesman, Elaine;Elman, Alyssa;Sullivan, Michelle;Pino, Chloe;McAuley, Jennine;Shaw, Amy;Hancock, David;Chang, E-S;Yasui, Robin;LoFaso, Veronica M.;Stern, Michael E. and Rosen, Tony

Publication Date: 2024

Journal: Journal of Elder Abuse & Neglect , pp. 1-17

Abstract: Elder mistreatment, including elder abuse and neglect, is a difficult diagnosis to make and manage for most providers. To address this, two elder abuse consultation teams were developed for patients in the hospital and emergency department settings. As these teams have developed, the providers involved have obtained specialized training and experience that we believe contributes to a new field of elder abuse geriatrics, a corollary to the well-established field of child abuse pediatrics. Providers working in this field require specialized training and have a specialized scope of practice that includes forensic evaluation, evaluation of cognition and capacity, care coordination and advocacy for victims of abuse, and collaboration with protective services and law enforcement. Here we describe the training, scope of practice, ethical role, and best practices for elder mistreatment medical consultation.

We hope this will serve as a starting point for this new and important medical specialty.

7. A Randomized Control Trial to Test Dissemination of an Online Suicide Prevention Training For Intimate Partner Violence Hotline Workers

Authors: Cerulli, Catherine;Missell-Gray, Rachel;Harrington, Donald;Thurston, Sally W.;Quinlan, Kristen;Jones, Katie Ray and Cross, Wendi F.

Publication Date: 2024

Journal: Journal of Family Violence 39(4), pp. 739-752

Abstract: Purpose: Suicide risk is higher among violence-involved individuals. Intimate Partner Violence hotline workers are a critical source of support and can potentially be suicide prevention champions. Our primary goal was to examine the effectiveness of disseminating a free, online IPV—Suicide Prevention curriculum, via a randomized control trial, to hotline workers in ten states with the highest suicide and IPV homicide rates. Method: We divided the country into five regions and, based on criterion, chose two states in each region to randomize into the two arms of the study. We examined training participation and engagement between the two approaches: (1) 'dissemination as usual' (control) using a National Domestic Violence Hotline email and a postcard to state/county IPV directors, versus (2) 'enhanced dissemination' (intervention) using a four-point touch method (postcard, phone call, email, and letter) to 'drive' participation. Results: Participation increased in the intervention arm as approaches became more personal (i.e., email and phone calls vs. letters). Results indicate that traditional dissemination strategies such as email announcements and invitations are not as effective as varied and multiple touchpoints for IPV hotline staff. Conclusion: Successful dissemination strategies to promote digital training should consider the value added by personalized connection. Future research is needed to understand how to offer effective and efficient web-based training to those providing IPV and child abuse services.

8. Protocolized abuse screening to decrease provider bias and increase capture of potential events

Authors: Chan, Ashley;Feller, Mary D.;Dawson, Kaylin;Morrisey, Kirsten;Ata, Ashar and Edwards, Mary J.

Publication Date: 2024

Journal: Injury Epidemiology 11(1), pp. 1-6

Abstract: Background: Early identification of child abuse is critical to prevent death and disability. Studies suggest implicit bias of providers may lead to overrepresentation of minority and impoverished children in child abuse reporting. At our institution, universal screening for sexual and physical abuse for all children under 18 years of age was implemented in 2016. A rigorous, objective evaluation protocol focusing on the mechanism of injury and exam findings to improve recognition and eliminate bias was implemented in 2019. Findings: Demographics and clinical characteristics of patients less than 18 years of age were abstracted by chart review (2014–2015) and from a forensic database (2016–2022). International Classification of

Diseases codes 995.5 (version 9) and T76.12XA (version 10) were used to identify patients before the establishment of forensic database. Relative frequency and patient characteristics of the three time periods (pre universal screening: 2014–2015, post universal screening: 2016–2019, post protocol implementation: 2020–2022) were compared using Chi-square tests and modified Poisson regression. Universal screening significantly increased the number of cases identified. The demographic profile of potential victims by race significantly changed over the reporting periods with an increased number of white children identified, consistent with state demographics. The proportion of publicly insured patients trended down with universal screening and protocol implementation, despite a significant increase in the number of children publicly insured in the state during this time. Conclusion: These single institutional results lend support to objective, evidence-based protocols to help eliminate bias surrounding race and poverty.

9. Randomised pilot and feasibility trial of a group intervention for men who perpetrate intimate partner violence against women

Authors: Cramer, Helen;Gaunt, Daisy M.;Shallcross, Rebekah;Bates, Lis;Kandiyali, Rebecca;Sardinha, LynnMarie;Rice, Caoimhe T.;Man, Mei-See;Feder, Gene;Peters, Tim J. and Morgan, Karen

Publication Date: 2024

Journal: BMC Public Health 24(1), pp. 1183

Abstract: Background: There is a need for robust evidence on the effectiveness and cost-effectiveness of domestic abuse perpetrator programmes in reducing abusive behaviour and improving wellbeing for victim/survivors. While any randomised controlled trial can present difficulties in terms of recruitment and retention, conducting such a trial with domestic abuse perpetrators is particularly challenging. This paper reports the pilot and feasibility trial of a voluntary domestic abuse perpetrator group programme in the United Kingdom.; Methods: This was a pragmatic individually randomised pilot and feasibility trial with an integrated qualitative study in one site (covering three local-authority areas) in England. Male perpetrators were randomised to either the intervention or usual care. The intervention was a 23-week group programme for male perpetrators in heterosexual relationships, with an average of three one-to-one sessions, and one-to-one support for female current- or ex-partners delivered by third sector organisations. There was no active control treatment for men, and partners of control men were signposted towards domestic abuse support services. Data were collected at three-monthly intervals for nine months from male and female participants. The main objectives assessed were recruitment, randomisation, retention, data completeness, fidelity to the intervention model, and acceptability of the trial design.; Results: This study recruited 36 men (22 randomly allocated to attend the intervention group programme, 14 to usual care), and 15 current- or ex-partners (39% of eligible partners). Retention and completeness of data were high: 67% of male (24/36), and 80% (12/15) of female participants completed the self-reported questionnaire at nine months. A framework for assessing fidelity to the intervention was developed. In interviews, men who completed all or most of the intervention gave positive feedback and reported changes in their own behaviour. Partners were also largely supportive of the trial and were positive about the intervention. Participants who were not allocated to the intervention group reported feeling disappointed but

understood the rationale for the trial.; Conclusions: It was feasible to recruit, randomise and retain male perpetrators and female victim/survivors of abuse and collect self-reported outcome data. Participants were engaged in the intervention and reported positive benefits. The trial design was seen as acceptable.; Trial Registration: ISRCTN71797549, submitted 03/08/2017, retrospectively registered 27/05/2022. (© 2024. The Author(s).)

10. Fatal child abuse detected by systematic post-mortem fundus photograph in sudden death in infancy

Authors: Ducloyer, Jean-Baptiste;Jossic, Frédérique;VAN Goethem, Valentine;Lebosse, David;Cornee, Charlène;Le Meur, Gyslène and Ducloyer, Mathilde

Publication Date: 2024

Journal: International Journal of Legal Medicine

Abstract: In living children, the use of a wide field fundus camera such as RetCam is the gold standard practice to document retinal haemorrhages in suspected cases of abusive head trauma (AHT). In case of sudden unexpected death in infancy (SUDI), child abuse must be considered as a possible cause of death and an eye examination is required. However, no example of post-mortem fundus photograph (PMFP) of retinal haemorrhages related to AHT is yet available for clinicians. We report a SUDI case, with no external traumatic lesions or limb fractures, for which prompt PMFP showed retinal haemorrhages typical of AHT: child abuse was subsequently confirmed by the forensic investigation. We discuss why PMFP is a relevant screening test to detect retinal haemorrhages in the case of SUDI and why the use of the RetCam should be further investigated. (© 2024. The Author(s).)

11. Material Hardship, Labor Market Characteristics and Substantiated Child Maltreatment: A Bayesian Spatiotemporal Analysis

Authors: Elise Barboza-Salerno, Gia

Publication Date: 2024

Journal: Children & Youth Services Review 157, pp. N.PAG

Abstract: • This is the first spatial analysis exploring the associations between multiple material hardship and child maltreatment type. • Disaggregated spatiotemporal time trends mask substantial heterogeneity across neighborhoods. • A steep social deprivation effect exists in the relative risk of both child physical abuse and neglect. • Specific labor market characteristics increase the risk of child maltreatment, but the impact is greater in the most deprived 20% of neighborhoods. • Prevention efforts should focus on how social policy shapes individual-level parenting behaviors in local contexts. Child maltreatment is a critical public health problem whose structural underpinnings underscore the need to move prevention efforts from individual-level risk factors to social policy. Despite previous studies exploring the evolution of child maltreatment risk in socially vulnerable contexts, little is known about how neighborhood level material deprivation and job market characteristics, beyond the employment context, impact substantiated maltreatment risk. The present analysis integrates

multiple streams of data to explore the complexity of child maltreatment in the most populous county in New Mexico as a case-study. A geospatial model was used to produce posterior risk estimates and exceedance probabilities of substantiated child maltreatment derived from administrative records controlling for financial strength, economic inequality and hardship, educational attainment, housing and food insecurity and labor market characteristics. Findings showed that over the nine-year study period, the average relative risk of child maltreatment increased substantially, however, there was substantial regional and temporal heterogeneity. More specifically, substantiated child maltreatment risk became more highly concentrated into the most deprived 20% of neighborhoods over time. The results showed a very strong area deprivation effect such that: (1) the risk of maltreatment in the most deprived 20% of neighborhoods on financial strength was 130.78% higher compared to the least deprived 20% of neighborhoods; and (2) maltreatment rates in the bottom 20% of neighborhoods on economic inequality and hardship were 40.52% higher compared to the least deprived 20% of neighborhoods. Finally, substantiated child maltreatment was significantly associated with multiple labor market characteristics including commuting times to work, origin–destination job flows, and mode of transportation to work. From a policy perspective, the results of this study support structural interventions aimed at reducing neighborhood-level material hardship and labor market disadvantage as avenues to support parents so that children and families can thrive.

12. Effects of Subjective Social Status and Self-Esteem in the Association Between Childhood Abuse and Adulthood Anxiety

Authors: Endo, Misaki;Ono, Miki;Deguchi, Ayaka;Iwata, Yoshio;Tamada, Yu;Masuya, Jiro;Tanabe, Hajime;Hashimoto, Naoki;Inoue, Takeshi and Honyashiki, Mina

Publication Date: 2024

Journal: Neuropsychiatric Disease and Treatment 20, pp. 877-884

Abstract: Background: Subjective social status influences anxiety, but at present, the mechanism is not fully understood. It has been reported that negative childhood experiences, such as abuse, can influence depressive symptoms through subjective social status and personality traits, such as self-esteem. A similar mechanism is presumed to underlie anxiety symptoms in adulthood. Therefore, we hypothesized that subjective social status and self-esteem are intermediate factors in the indirect effects of childhood abuse on state anxiety in adulthood, and analyzed the indirect effects via these factors using a path analysis.; Subjects and Methods: Child Abuse and Trauma Scale, Subjective Social Status, Rosenberg Self-Esteem Scale, and State-Trait Anxiety Inventory Form Y questionnaires were administered in a self-report format to 404 adult volunteers from January 2014 to August 2014. In addition, a path analysis was conducted to determine whether subjective social status and self-esteem are associated with the indirect effects of childhood abuse on anxiety symptoms in adulthood.; Results: Childhood abuse did not directly affect state anxiety in adulthood, but affected state anxiety via subjective social status and self-esteem. Subjective social status affected state anxiety via self-esteem. This model explained 25.2% of the variation in state anxiety in adult volunteers.; Conclusion: The present study demonstrated that childhood abuse affects anxiety in adulthood through subjective social status and self-esteem. Therefore, interventions that enhance subjective social status and self-esteem for adults who experienced childhood abuse

may help reduce their anxiety.; Competing Interests: Yu Tamada has received personal fees from Otsuka Pharmaceutical, Sumitomo Pharma, Eisai, MSD, and Meiji Seika Pharma. Jiro Masuya has received personal fees from Otsuka Pharmaceutical, Eli Lilly, Astellas, and Meiji Yasuda Mental Health Foundation, as well as grants from Pfizer. Naoki Hashimoto has received personal fees from Janssen Pharmaceutical, Yoshitomiyakuhin, Otsuka Pharmaceutical, Sumitomo Pharma, Takeda Pharmaceutical, and Meiji Seika Pharma. Takeshi Inoue has received personal fees from Mochida Pharmaceutical, Takeda Pharmaceutical, Janssen Pharmaceutical, Novartis Pharma, MSD, Yoshitomiyakuhin, Nipro, Kyowa Pharmaceutical Industry, Viartis, Lundbeck, Boehringer Ingelheim, Ono Pharmaceutical, and Meiji Seika Pharma; grants from Daiichi Sankyo, and Tsumura; and grants and personal fees from Shionogi, Otsuka Pharmaceutical, Sumitomo Pharma, Mitsubishi Tanabe Pharma, and Eisai; and is a member of the advisory boards of Luye, Shionogi, GlaxoSmithKline, Viartis, and Otsuka Pharmaceutical. The other authors do not have any actual or potential conflicts of interest to declare for this work. (© 2024 Endo et al.)

13. Child protection and welfare risks and opportunities related to disability and internet use: Broadening current conceptualisations through critical literature review

Authors: Flynn, Susan;Doolan Maher, Rose and Byrne, Julie

Publication Date: 2024

Journal: Children & Youth Services Review 157, pp. N.PAG

Abstract: • The method of this paper is a critical literature review with qualitative thematic analysis, on the topic of disability, child protection and the internet. • This study found that disabled children are at greatly increased risk of child maltreatment above their non-disabled peers, whilst unique complexities are documented around disabled perpetrators of abuse toward children. • Findings from this research study attempts to broaden parents and guardians, safeguarding professionals, policy makers and scholars' conceptual understanding of the impact of pervasive internet use on the unique complexities that disability presents for child protection within the digital world. • Key learning for future safeguarding practice is presented towards keeping children safe, in the context of a rapidly encroaching world wide web, and its complex social implications. Findings are presented from a critical literature review on child protection and welfare risks and the opportunities of internet use related to disability. There is evidence of unique complexities and substantially increased risks and barriers to effective safeguarding practice, at the intersection of disability, internet use and child protection. This is further complicated by the surge in internet usage leading the vast majority of children in contemporary western societies to be deeply ensconced in virtual worlds. We present findings of a critical literature review with qualitative thematic analysis applied to a sample of 33 key documents. The premise of this paper is to broaden conceptual understanding of the opportunities and risks of internet use by children and adults with disabilities in the context of child protection and welfare practice. This paper is relevant to parents, guardians, safe guarding practitioners and academics. This paper highlights key learning for future safeguarding practice, further research and scholarly work, towards keeping children safe, in the context of a rapidly expanding digital world, and its complex social implications.

14. **Child Sexual Abuse in the United States: A Commentary on Current Policy Approaches to Prevention and Aspirations for the Future**

Authors: Helpingstine, Claire E.;Murphy, Catherine A.;Bernier, Jetta;Crane, Kelly and Klika, J. B.

Publication Date: 2024

Journal: Journal of Child Sexual Abuse , pp. 1-14

Abstract: Child sexual abuse (CSA) is a significant threat to the health and well-being of children in the United States (US). Public policies are a key public health strategy for the primary prevention of violence, including CSA. In 2021, the Enough Abuse Campaign and Prevent Child Abuse America published a comprehensive report entitled A Call to Action for Policymakers and Advocates: Child Sexual Abuse Prevention Legislation in the States to encourage state leaders to create a comprehensive strategy to prevent CSA in the US. Findings from the report show that the nation has made some effort to address CSA, but more focus needs to be given to primary prevention strategies that stop it from occurring in the first place. The report also illustrates the variability of CSA prevention policies across the US and highlights critical gaps in current approaches that must be addressed. In the spirit of the special issue, the authors reflect on key policy issues in the field, including the lack of a federal policy framework for CSA prevention, dedicated funding for the prevention of CSA, and research on the effectiveness of policies intended to prevent CSA. Suggestions for future directions in relation to policy development provided in this commentary will be useful to a variety of stakeholders interested in the topic of CSA prevention policy.

15. **Efficacy of Child Abuse Evaluations for Infants With Possible Subdural Hemorrhage Identified on Cranial Ultrasound Completed for Macrocephaly**

Authors: Jude, Gabrielle;Slingsby, Brett;Cassese, John A.;Schroeder, Christian;Moore, Jessica and Barron, Christine

Publication Date: 2024

Journal: Clinical Pediatrics 63(4), pp. 506-511

Abstract: Abusive head trauma (AHT) is a significant cause of morbidity and mortality for infants. Determining when to pursue a complete physical abuse evaluation can be difficult, especially for nonspecific findings or when a child appears clinically well. This retrospective study of 7 cases sought to describe the presentation, evaluation, and diagnoses for infants with abnormal subdural collections identified on cranial ultrasound for macrocephaly, and to determine how frequently AHT is diagnosed. The results of this study showed that while each patient presented due to asymptomatic macrocephaly, the extent of the workup varied greatly. In addition, no infants had suspicious injuries for abuse during the initial evaluation or the year following. In summary, among the 7 patients seen for asymptomatic macrocephaly with possible subdural hemorrhage, there were very inconsistent child abuse workups. There needs to be a standardized clinical guideline for this specific patient population involving a child abuse pediatric evaluation.

16. Relationships Between Recent Adverse Childhood Experiences (ACEs) and Somatic Symptoms in Adolescence

Authors: Lee, Rachel Y.;Oxford, Monica L.;Sonney, Jennifer;Enquobahrie, Daniel A. and Cato, Kenrick D.

Publication Date: 2024

Journal: Journal of Child & Family Studies 33(3), pp. 1015-1028

Abstract: Early identification and interventions are imperative for mitigating the harmful effects of adverse childhood experiences (ACEs). Nonetheless, a substantial barrier persists in identifying adolescents experiencing ACEs. One understudied avenue for early identification of ACEs is through the examination of somatic symptoms endorsed by adolescents. Understanding the relationship between recent ACEs exposure and somatic symptoms may serve as a useful indicator for identifying adolescents affected by ACEs. This study examines the relationships between recent exposure to ACEs (within the past one to two years) and somatic symptoms across adolescence (ages 12–16 years). Longitudinal prospective data of 1354 child and caregiver dyads from the Longitudinal Studies of Child Abuse and Neglect were used in this study. Data from three time points, when adolescents were 12, 14, and 16, were used to conduct longitudinal path analyses. Somatic symptoms- defined as physical symptoms without known medical causes- were measured using the caregiver-report subscale of the Child Behavior Checklist. Recent ACEs in the past one to two years were measured using an index score summing exposure to nine ACE variables. The results indicated a significant association between recent ACEs and increased somatic symptoms at age 12. However, there were no significant associations between recent ACEs and somatic symptoms at ages 14 and 16. The findings indicate a notably stronger relationship between recent ACEs exposure and the presence of increased somatic symptoms at the age of 12, in contrast to what is observed at ages 14 and 16. This finding suggests that somatic symptoms during early adolescence may suggest underlying issues, potentially stemming from stressors such as ACEs. Highlights: ACEs measured at ages 10–12 were associated with increased somatic symptoms at age 12. Recent exposure to ACEs were significantly associated with increased somatic symptoms in early (age 12) adolescence, but not later adolescence (14–16). Findings suggest the need for healthcare professionals to screen for somatic symptoms as potential indicators of recent ACEs, particularly in early adolescence.

17. The effects of a combined physical activity and health education program on health knowledge and well-being of socially vulnerable children

Authors: Møller, Trine K.;Larsen, Malte N.;Pfeffer, Kristina;Frydenlund, Sabrina Egelund;Ntoumanis, Nikos and Krustrup, Peter

Publication Date: 2024

Journal: Scandinavian Journal of Medicine & Science in Sports 34(4), pp. 1-13

Abstract: The purpose of the present study was to evaluate the effects of the football-based health education program "11 for Health" on health knowledge and well-being in the setting of

a 10-week residential stay in a Danish charity home for socially vulnerable children. Six hundred and fourteen children participated in the study, of which 305 took part in the standard program plus "11 for Health" (SG+: 12.4 ± 1.4 (mean \pm SD) years) and 309 took part in the standard program (SG: 12.4 ± 1.6 years). We used a crossover design over two full years. The study examined changes in health knowledge and well-being through questionnaires. Overall health knowledge increased more in SG+ than SG over 10 weeks (6.6 vs. 3.4%, $p < 0.05$). The overall well-being scores were markedly improved ($p < 0.05$) by 4.54 ± 7.17 AU in SG+ and 4.51 ± 7.16 AU in SG, with no between-group differences. Specific improvements ($p < 0.05$) were seen in all well-being subcategories, raising the well-being scores to the national average. In conclusion, a 10-week stay at a Danish charity home, the Christmas Seal Home, markedly affected health knowledge and well-being of socially vulnerable children. When the football-based health education program—11 for Health—was added, there were additional positive effects on health knowledge.

18. Evidence for the Association Between Adverse Childhood Family Environment, Child Abuse, and Caregiver Warmth and Cardiovascular Health Across the Lifespan: The Coronary Artery Risk Development in Young Adults (CARDIA) Study

Authors: Ortiz, Robin;Kershaw, Kiarri N.;Zhao, Songzhu;Kline, David;Brock, Guy;Jaffee, Sara;Golden, Sherita H.;Ogedegbe, Gbenga;Carroll, Judith;Seeman, Teresa E. and Joseph, Joshua J.

Publication Date: 2024

Journal: Circulation.Cardiovascular Quality and Outcomes 17(2), pp. e009794

Abstract: Background: This study aimed to quantify the association between childhood family environment and longitudinal cardiovascular health (CVH) in adult CARDIA (Coronary Artery Risk Development in Young Adults) Study participants. We further investigated whether the association differs by adult income.; Methods: We applied the CVH framework from the American Heart Association including metrics for smoking, cholesterol, blood pressure, glucose, body mass index, physical activity, and diet. CVH scores (range, 0-14) were calculated at years 0, 7, and 20 of the study. Risky Family environment (range, 7-28) was assessed at year 15 retrospectively, for childhood experiences of abuse, caregiver warmth, and family or household challenges. Complete case ordinal logistic regression and mixed models associated risky family (exposure) with CVH (outcome), adjusting for age, sex, race, and alcohol use.; Results: The sample ($n=2074$) had a mean age of 25.3 (± 3.5) years and 56% females at baseline. The median risky family was 10 with ideal CVH (≥ 12) met by 288 individuals at baseline (28.4%) and 165 (16.3%) at year 20. Longitudinally, for every 1-unit greater risky family, the odds of attaining high CVH (≥ 10) decreased by 3.6% (OR, 0.9645 95% CI, 0.94-0.98)]. Each unit greater child abuse and caregiver warmth score corresponded to 12.8% lower and 11.7% higher odds of ideal CVH (≥ 10), respectively (OR, 0.872 95% CI, 0.77-0.99]; OR, 1.1165 95% CI, 1.01-1.24)], across all 20 years of follow-up. Stratified analyses by income in adulthood demonstrated associations between risky family environment and CVH remained significant for those of the highest adult income ($> \$74k$), but not the lowest ($< \$35k$).; Conclusions: Although risky family environmental factors in childhood increase the odds of poor longitudinal adult CVH, caregiver warmth may increase the odds of CVH, and socioeconomic attainment in adulthood may contextualize the level of risk. Toward a paradigm

of primordial prevention of cardiovascular disease, childhood exposures and economic opportunity may play a crucial role in CVH across the life course.; Competing Interests: Disclosures Since acceptance, Robin Ortiz has take a consulting position that can be listed in disclosures as follows: Robin Ortiz reports consulting for the UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN) outside of the work of this study.

19. Effects of a structured educational program on nursing students' level of knowledge and awareness toward child neglect and abuse: A quasi-experimental evaluation

Authors: Öztürk, Ayfer

Publication Date: 2024

Journal: Journal of Child and Adolescent Psychiatric Nursing : Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc 37(2), pp. e12463

Abstract: Background: Nurses have a key role in the recognition, reporting, and channelization of child abuse and neglect. Nurses should have sufficient knowledge about the presentation of child abuse and neglect. They also need to understand their role in reporting any instance where they detect cases of abuse and neglect.; Purpose: The aim of this study is to determine the effect of a structured Child Neglect and Abuse Educational Program (CNaA-EP) on the level of knowledge and awareness of nursing students about child neglect and abuse.; Methods: This study conducted with nursing students used a pretest-post-test quasi-experimental design. The third-year nursing students were divided into two groups: experimental (n = 25) and control groups (n = 30). The intervention group received CNaA-EP. In both groups, pretests were performed using the "Child Abuse and Neglect Awareness Scale," and "Child Abuse and Neglect Knowledge Test" The posttest was conducted 1 week after the 14-week CNaA-EP course was completed. Numbers, percentages, chi-square test, t-test, Kolmogorov-Smirnov test, Fisher's exact test were conducted using SPSS 22.00 software.; Results: The education group's scores of child abuse/neglect awareness ($t = -2.768$ $p < 0.05$) and child abuse/neglect knowledge ($t = -12.416$ $p < 0.01$) were significantly higher than those of the control group. After the education program, a significant difference was found between the education and control groups on the core measures.; Conclusion: A child neglect and abuse education program was an effective method of educating nursing students on knowledge and awareness of child abuse and neglect. For this reason, education programs should be planned and implemented to increase awareness about abuse and neglect problems that threaten children's health and development. (© 2024 Wiley Periodicals LLC.)

20. Childhood Abuse and Chronic Physical Health Conditions in Adulthood: A Longitudinal Analysis of Familial Support and Strain as Mediators

Authors: Papp, Viktoria and Fitzgerald, Michael

Publication Date: 2024

Journal: Contemporary Family Therapy: An International Journal 46(2), pp. 162-172

Abstract: Parentally perpetrated childhood abuse is associated with physical health difficulties

and familial support and strain may be possible mediators. Further, the associations among parentally perpetrated abuse in childhood, familial relationships in adulthood, and health may vary across age and gender. The current study examined familial support and strain over a 20-year period as mediators linking childhood abuse to chronic health conditions among adults, and examined gender and age as moderators. Using three waves of data from the study of Midlife Development in the United States (n = 2,377), results from a structural equation mediational model indicated that familial strain mediated the relationship between child abuse and chronic physical health problems for both men and women. On the other hand, familial support was not a mediator. Gender and age did not moderate any of the pathways. Continued relational stress over the life course appears to predict physical morbidity among adults who were abused in childhood. Clinicians may want to focus on familial strain when working with midlife and older men and women.

21. The Challenges and Opportunities of Reviewing Domestic Abuse-Related Deaths by Suicide in England and Wales

Authors: Rowlands, James and Dangar, Sarah

Publication Date: 2024

Journal: Journal of Family Violence 39(4), pp. 723-737

Abstract: Purpose: In England and Wales, Domestic Homicide Reviews (DHRs) are conducted into domestic abuse-related killings. In 2016, deaths by suicide were brought into the scope of this review system and, to distinguish them from reviews into domestic homicides, we describe these as 'Suicide Domestic Abuse-Related Death Reviews' (S-DARDR). To date, S-DARDRs have been little considered and, in response, this empirical paper seeks to unpack this process. Method: In a larger study, 40 DHR participants were interviewed, and a reflexive thematic analysis was undertaken. 18 participants discussed S-DARDRs. These interviews were re-read, with relevant extracts identified and re-analysed thematically. Through a shared critical reflection, we drew on our practice experience to interrogate the themes generated from the interviews and offer insight into the underlying challenges. Results: From the interviews, we generated four themes relating to commissioning and delivery; the involvement of stakeholders; intersections with other statutory processes; and purpose. Based on our shared critical reflection, we identified the underlying challenges as an under conceptualisation of S-DARDRs, alongside their de-mooring from the criminal justice system. Taken together, these challenges have implications for the conduct of S-DARDRs. We identify recommendations for policy and practice to address these challenges. Conclusion: The development of S-DARDRs has been little considered and challenges arise around when and how they should be undertaken. A shared understanding of key concepts and expectations around delivery is necessary if S-DARDRs are to enable robust learning and be a driver for systems change while also being accessible and understood by all stakeholders.

22. Supporting Families Affected by Adversity: An Open Feasibility Trial of Family Life Skills Triple P

Authors: Sanders, Matthew R.;Turner, Karen M. T.;Baker, Sabine;Ma, Tianyi;Chainey, Carys;Horstead, Siân K.;Wimalaweera, Subodha;Gardner, Susan and Eastwood, John

Publication Date: 2024

Journal: Behavior Therapy 55(3), pp. 621-635

Abstract: This pilot feasibility study examined the effects of a new trauma-informed parenting program, Family Life Skills Triple P (FLSTP), in an open uncontrolled trial conducted in a regular service delivery context via video conferencing. FLSTP was trialed as a group-delivered 10-session intervention. Program modules target positive parenting skills (4 sessions) and adult life skills including coping with emotions, taking care of relationships, self-care, dealing with the past, healthy living, and planning for the future. Participants were 50 parents with multiple vulnerabilities, due to social disadvantage or adverse childhood experiences, who had children aged 3-9 with early onset behavior problems. Outcomes were assessed across four data collection points: baseline, mid-intervention (after Session 4), post-intervention, and 3-month follow up. Findings show moderate to large intra-group effect sizes for changes in child behavior problems, parenting practices and risk of child maltreatment, and medium effect sizes for parental distress, emotion regulation and self-compassion. Parents and practitioners reported high levels of consumer satisfaction with the program. Parents with lower levels of parental self-efficacy, lower personal agency and higher baseline scores on a measure of child abuse potential were at greater risk of not completing the program. The strength of these preliminary findings indicates that a more rigorous evaluation using a randomized clinical trial is warranted. (Copyright © 2023 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.)

23. Can apparently transient life events trigger long-term lower urinary tract symptoms?

Authors: Sinha, Sanjay and Vasudeva, Pawan

Publication Date: 2024

Journal: Neurourology and Urodynamics

Abstract: Introduction: One-time life events such as neurological injury can result in lifelong lower urinary tract symptoms (LUTS). However, it is unclear whether an apparently transient life event can also trigger long-term LUTS. This review examines the possibility of an association and hypothesizes the pathogenesis.; Methods: A pubmed search was conducted using the MeSH words "life change events," "child abuse," or "stress disorders, Posttraumatic", and LUTS. Additional manuscripts were identified by a hand and citation search.; Results: Long-term LUTS was noted following temporally remote childhood sexual abuse, adverse childhood experiences, and stressful experiences in adults. There was evidence for an association of childhood sexual abuse and adverse childhood events with both storage as well as voiding LUTS. There was limited evidence that the number of adverse childhood events might increase the risk and severity of LUTS. There was evidence of an association between post-traumatic stress disorder in adults and LUTS. The finding of mental health disorders in such patients could explain some but not all of the observed association suggesting that other factors might also be important.; Conclusions: There is an association noted between apparently transient lifetime events and the subsequent reporting of LUTS. The timing of these adverse experiences might be important in determining the propensity for clinical manifestation. There is a need to explore this association, establish causality, and determine

24. A preliminary study on the effect of trauma-focused therapies on sexual dysfunctions in women with PTSD after childhood abuse

Authors: Steil, Regina;Weiss, Judith;Bornefeld-Ettmann, Pia;Priebe, Kathlen;Kleindienst, Nikolaus and Müller-Engelmann, Meike

Publication Date: 2024

Journal: Journal of Psychiatric Research 170, pp. 340-347

Abstract: Background: Posttraumatic stress disorder (PTSD) is often associated with female sexual dysfunctions (FSD). However, little is known about the impact of therapies for PTSD on FSD according to DSM-5 criteria.; Aim/objective: To examine if sexual functioning diagnosed according to DSM-5 criteria improves after treatment for PTSD in women with a PTSD diagnosis after interpersonal child abuse.; Method: FSD according to DSM-5 criteria were assessed with the structured clinical interview SISEX in N = 152 female participants (mean age = 36.5 years) of a large randomized controlled trial three months into treatment and after 15 months of receiving either dialectical behavior therapy for PTSD or cognitive processing therapy. Number of fulfilled FSD criteria and diagnostic status were compared from pre-to post-treatment using Poisson and negative binomial regression analyses and the McNemar test. The effect of treatment type on reduction of FSD symptoms and the association between reduction in PTSD symptoms and reduction in FSD symptoms were assessed.; Results: From pre-to post-treatment, the number of fulfilled criteria for each FSD decreased (Incident rate ratios between 0.60 and 0.71, p between < .001 and <0 .05). Less women met criteria for genito-pelvic pain/penetration disorder at post-treatment compared to pre-treatment (11.8 % vs. 6.6 %, p < .05). No difference was found between treatments in reduction of FSD symptoms. Reduction of PTSD symptoms was associated with greater decrease in FSD symptoms.; Conclusions: Our results suggest a positive association between effective PTSD treatments and improvements in sexual functioning of women with PTSD after child abuse.; Competing Interests: Declaration of competing interest Regina Steil, Kathlen Priebe, and Meike Müller-Engelmann receive honoraries for workshops and talks on DBT-PTSD and CPT. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

25. Acute Safeguarding Essentials in Modern-day Paediatrics: Sexual Relationships, Consent and Confidentiality

Authors: Thomas, Helen;Cromb, Daniel;Jacob, Hannah and Alcock, Anastasia

Publication Date: 2024

Journal: Archives of Disease in Childhood.Education and Practice Edition

Abstract: As the third case in the acute safeguarding essentials in modern-day paediatrics series, this article focuses on sexual relationships, consent and confidentiality. Using the scenario of a 15-year-old girl presenting to the emergency department with a positive pregnancy test, it begins with a guide to taking a psychosocial history in young people followed

by discussion about some of the legality surrounding sexual relationships in adolescents, issues around consent and considerations for confidentiality in this age group.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

26. Forensic psychological procedures in cases of technology-facilitated sexual abuse among adolescents: A scoping review

Authors: Vale, Maria;Gomes, João P. and Matos, Marlene

Publication Date: 2024

Journal: Behavioral Sciences & the Law

Abstract: Technology-facilitated sexual abuse refers to the use of information and communication technologies to facilitate both virtual and in-person sexual crimes. Research on this topic has focused on rates, risk factors, and consequences. This scoping review aims to understand whether and how forensic psychological procedures are adapted to assess adolescent victims and how Internet-based information might be useful as complementary data. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extensions for Scoping Reviews guidelines, searches were conducted in April 2023 in five electronic databases to include Portuguese, Spanish, or English quantitative, qualitative, or mixed-method peer-reviewed studies. Of the 2523 studies, six were considered eligible. Identified procedures include forensic interviews following the National Institute for Child Health and Human Development Protocol, and risk and trauma assessments. While discussing technology's role in abuse during interviews was informative, confronting adolescents with evidence of their abuse had adverse effects on their testimony and recovery. The assessment tools often had a narrow focus or overlooked the abuse unless explicitly disclosed, implied a referral, or when safeguarding concerns were raised. Clinical, forensic, and criminal implications are elaborated. (© 2024 The Authors. Behavioral Sciences & The Law published by John Wiley & Sons Ltd.)

27. Collective Trauma: Childhood Abuse, Perceived Discrimination, and COVID-19

Authors: Wu, Yuerui;Hartman, Dana T.;Brown, Lily;Wang, Yan;Vidales, Daisy;Grandchamp, Jaxon;Enriquez, Rayna;Moriarty, Nathalie;Goldfarb, Deborah and Goodman, Gail S.

Publication Date: 2024

Journal: Psychological Trauma: Theory, Research, Practice & Policy 16, pp. S115-S124

Abstract: Objective: Few studies have examined the interplay between collective trauma (e.g., the COVID-19 pandemic) and personal trauma (e.g., child abuse and discrimination). In a longitudinal child maltreatment study, with a community sample added, negative COVID impact (e.g., financial and mental health difficulties due to COVID) was examined in relation to childhood abuse exposure and perceived discrimination. Method: Adults (N = 135) completed an online survey about trauma- and pandemic-related experiences. Regressions examined predictors of negative COVID impact and posttraumatic stress disorder (PTSD) symptoms

during the pandemic. Results: Although cumulative maltreatment contributed to negative COVID impact, when high levels of cumulative maltreatment had been experienced in childhood, greater negative COVID impact did not significantly relate to PTSD symptoms: For these participants, PTSD symptoms were relatively high (but not at ceiling) in adulthood overall. Negative COVID impact predicted PTSD symptoms only at low levels of cumulative child abuse. Perceived discrimination was associated with negative COVID impact and PTSD symptomatology. Conclusions: Cumulative childhood abuse at high levels likely set the stage for PTSD symptoms in adulthood, regardless of negative COVID impact. Individuals with lower levels of cumulative childhood abuse had fewer PTSD symptoms unless COVID had a stronger negative impact on their lives. Discrimination contributed to lower pandemic-related well-being. Insight is provided into special vulnerabilities associated with maltreatment backgrounds and discrimination at times of collective challenges. Clinical Impact Statement: Focusing on pandemic challenges is essential but might not be enough to improve the mental health of adults who have experienced multiple types of childhood abuse. Emphasis should be placed on how best to provide socially and culturally sensitive trauma-informed care to childhood trauma-affected populations.

28. Debate: Involuntary treatment and detention are a necessary part of mental health care for children and young people – a perspective from an Independent Advocate in England, United Kingdom

Authors: Young, Sam

Publication Date: 2024

Journal: Child & Adolescent Mental Health 29(2), pp. 209-210

Abstract: This is a perspective from an Independent Advocate in England, United Kingdom on the importance of equality in the involuntary treatment of children and young people (CYP). The article highlights the need for safeguards when CYP require detention as part of their mental health care. The paper raises concern that CYP and their families who are less empowered to advocate for optimal care plans may be at risk of less satisfactory outcomes from mental health detention. It notes that CYP in the care system may be particularly vulnerable to such outcomes due to their lower levels empowerment. To mitigate this risk, services need to be proactive in reducing inequity arising from differential levels of empowerment among service users. This could be achieved by adopting strong participation and coproduction activities and ensuring access to Advocacy services for all CYP.

Sources Used:

The following databases are used in the creation of this bulletin: CINAHL and Medline.

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