

Safeguarding

Current Awareness Bulletin

September 2024

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1. Iron contact burns and the path to the diagnosis of child abuse

Authors: Amadasi, Alberto and Etzold, Saskia

Publication Date: 2024

Journal: Legal Medicine 70, pp. N.PAG

Abstract: • Cases of child abuse from iron burns are rarely reported. • In the present case there were contact burns to the face and neck as reported accidental event. • The burns were continuous and well demarcated. • There was a perfect match between the burn marks and the surface of the iron. • A complete analysis of the injuries and the scene is essential for diagnosis. Burns are a common injury in both abused and non-abused children, and the accurate diagnosis of abusive burns is important to ensure protection. In the particular case of a three year old child with a second degree burn on her face and neck caused by an alleged contact with a hot iron, the correct analysis of the injury and the dynamics of what was reported as a domestic accident allowed the recognition of a different scenario and a diagnosis of child abuse due to the pressure of the flat part of the iron on the skin, thus uniformly involving the cheek and the upper part of the neck. The involvement of parts of the body placed on different anatomical planes (thus indicating pressure and not mere contact) should be considered as a further element of differential diagnosis. This demonstrates and underlines the importance of a thorough multidisciplinary assessment for this type of injury which is described as an accidental event but rarely as an outcome of child abuse.

2. Contact with child protection services and subsequent rates of first police contact as a person of interest, victim or witness in early life

Authors: Athanassiou, Ulrika;Whitten, Tyson;Tzoumakis, Stacy;Laurens, Kristin R.;Harris, Felicity;Carr, Vaughan J.;Green, Melissa J. and Dean, Kimberlie

Publication Date: 2024

Journal: Children & Youth Services Review 163, pp. N.PAG

Abstract: • Longitudinal, population-based school-entry cohort of 91,631 children. • Half of children with police contact had prior contact with the child protection system. • Prior contact with the child protection system was associated with contact as a person of interest, victim and/or witness. • Children's early police contact may flag the need for early intervention. Child maltreatment is known to be associated with risk of later offending and victimisation in adolescence and adulthood, but only a few studies have examined justice system contact in childhood and none have focused on police contact. This study investigated the time to first contact with police in childhood (aged 13 years and younger) among children with prior child protection services contact. Using administrative data for 91,631 children from the New South Wales Child Development Study, Cox proportional hazards regression analyses were used to investigate the time to first contact with the police (for any reason, and specifically as a 'person of interest', 'victim' or 'witness') associated with prior child protection contact, during the observation period from birth to age 13 years. Multivariate models controlled for sex, Aboriginal and/or Torres Strait Islander background, and socioeconomic disadvantage.

Subgroup analyses were also conducted for boys and girls separately. Among the 14,323 children with any police contact by age 13 years, around half (52.3 %) had prior contact with the child protection system. Higher rates of police contact for any reason (HR = 4.45 95 % CI = 4.08–4.86]), and as a person of interest (HR = 9.57 95 % CI = 6.85–13.38]), victim (HR = 4.49 95 % CI = 4.18–5.05]), or witness (HR = 9.56 95 % CI = 7.19–12.69]) were associated with child protection services contact. Effect sizes were similar for boys and girls. Early interventions that specifically aim to prevent early contact with the justice system among vulnerable children and their families involved with child protection services are required.

3. The Relevance of Hypersexuality and Impulsivity in Different Groups of Treatment-Seekers With and Without (Exclusive) Pedophilia

Authors: Bergner-Koether, Ralf;Peschka, Lasse;Pastukhov, Alexander;Carbon, Claus-Christian;Steins-Loeber, Sabine;Hajak, Göran and Rettenberger, Martin

Publication Date: 2024

Journal: Sexual Abuse : A Journal of Research and Treatment , pp. 10790632241271204

Abstract: Hypersexuality and impulsivity are regarded as risk factors for sexual offending against children. Studies exploring these factors in undetected men who offended or are at risk of offending are rare. This study aims to investigate hypersexuality and impulsivity in treatment-seeking men with and without a diagnosis of (exclusive) pedophilia who committed child sexual abuse (CSA), consumed child sexual abuse images (CSAI), or feel at risk of offending sexually. Data were obtained from three child abuse prevention projects in Bamberg, Germany. We employed self-report (BIS-11, HBI), objective measures (TSO), and risk assessment tools (STABLE-2007). We computed Bayesian ordinal logit and binomial generalized linear models to explore differences between groups and to predict lifetime CSA and CSAI. Hypersexuality scores were particularly pronounced in patients with exclusive and non-exclusive pedophilia. Patients without pedophilia scored similarly to nonclinical samples. Impulsivity measures did not consistently differ between groups. We could not predict lifetime CSA and CSAI using impulsivity and hypersexuality measures. Sexual rather than general impulsivity seems to be an issue in men with pedophilia. The motivation to offend in patients without pedophilia is discussed.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

4. Intimate Partner Violence Risk Factors: A Vulnerability-Adaptation Stress Model Approach

Authors: Brunton, Robyn Joy and Dryer, Rachel

Publication Date: 2024

Journal: Journal of Interpersonal Violence 39(15), pp. 3738–3763

Abstract: Intimate partner violence (IPV) disproportionately affects women. Using the vulnerability-adaptation stress model, we examined adverse childhood experiences (ACEs),

self-esteem, and hope as vulnerability indicators and relationship status and length, positive and negative affect, and socioeconomic status (SES) as stressors to ascertain the risk for IPV. Women (N = 491, M = 37.15, standard deviation = 12.51) completed an online survey comprised of the Positive and Negative Affect Scale, Rosenberg's Self-esteem Scale, Snyder's Hope Scale, ACE questionnaire, Composite Abuse Scale Revised–Short Form, and demographic questions. Factor analysis identified four ACE factors of sexual abuse, physical or psychological abuse, witnessing domestic violence, and household dysfunction. A five-step hierarchical multiple regression identified that greater exposure to physical or psychological child abuse was associated with an increased risk of IPV (Step 2), B = 0.73 0.16, 1.34]. Lower self-esteem, B = -0.30 -0.47, -0.14] predicted IPV (Step 3). Age B = 0.07 0.01, 0.13], negative affect, B = 0.39 0.19, 0.59], and relationship length, B = -1.24 -2.16, 0.41] were associated with a higher risk of IPV (Step 4). In Step 5, previous variables attenuated to non-significance while age, B = 0.07 0.01, 0.13], negative affect, B = 0.39 0.19, 0.59], and relationship length B = -1.25 -2.16, 0.41] remained significant. While the key findings of this study were inconsistent with some commonly reported findings (e.g., ACEs, self-esteem, hope, relationship status, SES, age), these inconsistencies are important to highlight given the factorial approach to examining ACEs, the comprehensive analyses conducted, and our examination of these variables' direct relationship to IPV. The study was limited by its cross-sectional nature, higher prevalence of IPV victims, and not examining IPV sub-types. Similar studies need to be conducted for other relationship types and victimized individuals (e.g., same-sex relationships and male victims) to provide a complete picture of risk factors for IPV.

5. A medical child abuse case with spurious bleeding; importance of collecting the evidence

Authors: Çakmaklı, Hasan Fatih;Ertem, Mehmet;Ünal İnce, Elif;Abdullayeva, Zhala;İleri, Talia and Ulukol, Betül

Publication Date: 2024

Journal: Journal of Forensic and Legal Medicine 107, pp. 102741

Abstract: Background: Medical Child Abuse (MCA) is a severe form of child abuse. In MCA, the caregiver abuses the child by exaggerating, fabricating, simulating, or inducing symptoms, and unnecessary, potentially harmful medical care harms the child. Bleeding is one of the most common manifestations of MCA. Diagnosis of MCA is challenging, and late diagnosis may increase the severity and complications. Once suspected, it is essential to apply all relevant methods of investigation to support and confirm the diagnosis, as soon as possible, as late diagnosis increases the risks.; Case Presentation: An 18-month-old boy was referred to the Pediatric Hematology by the Department of the Emergency with multiple admissions in a 2-week period for recurrent said-to-be bleeding episodes from different sites. Previously, he had been investigated for recurrent bleeding episodes in different hospitals for 4 months. In our center, the review of medical history, examination findings, and laboratory results showed some important inconsistencies leading to suspicion of MCA and the mother as the perpetrator. Then he was hospitalized for close observation. During hospitalization, multiple episodes of said-to-be bleeding were reported by the mother, but active bleeding was never observed by any hospital staff. No bleeding foci were detected in the nose or ears, supporting the diagnosis of MCA. After the file was forwarded to the prosecutor's office, the child was

taken for institutional care, and no further bleeding was observed after separation from the mother. DNA, which was obtained from a so-called nosebleed during hospitalization, was analyzed and was reported to belong to the mother, confirming the diagnosis.; Conclusions: This case report draws attention to timely diagnoses by focusing on inconsistencies in the history and clinical signs and good clinical practices for the management of MCA, with a special emphasis on collecting evidence, including DNA samples, to confirm the diagnosis and help the legal process.; Competing Interests: Declaration of competing interest The authors declare that they have no conflict of interest to disclose. (Copyright © 2024 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.)

6. Healthcare professionals as domestic abuse survivors: workplace impact and support-seeking

Authors: Dheensa, Sandi;Doughty, Janine and Gregory, Alison

Publication Date: 2024

Journal: Occupational Medicine (Oxford, England)

Abstract: Background: Healthcare professionals (HCPs) are expected to identify and respond to domestic abuse (DA) among their patients. Although research suggests that a high proportion of HCPs are affected by DA, the impact of their experiences has been under-researched.; Aims: To assess UK HCPs' experiences of DA and develop a broad understanding of its impact on work and HCPs' support needs.; Methods: An online cross-sectional survey was promoted via multiple professional channels (October to December 2022). We adopted convenience sampling and analysed data descriptively.; Results: Among the 192 HCP survivors who responded, all abuse subtypes-psychological, sexual, economic and physical-were common. Ninety per cent of abusers were male (ex)partners. Eighty-five per cent reported abusers directly interfered with their work and 92% reported their work and career were affected. Almost all reported physical and mental health consequences. Eighty-nine per cent reported their own experiences shaped their responses to patient survivors. On average, per year, HCP survivors reported they had 13 sick days, 5 days' leave, 10 days' lateness and 6 days' early departure due to DA. Only 20% reported their workplace had a staff DA policy, and over 50% were unsure what workplace support mechanisms were available. Just over half disclosed at work; concerns that others would question their fitness to practice were common. Twenty-two per cent reported aspects of work, for example, long hours, stopped them from seeking support outside work.; Conclusions: HCPs face unique barriers to DA disclosure and support-seeking and may benefit from tailored support from specialists who understand both DA and the healthcare context. (© The Author(s) 2024. Published by Oxford University Press on behalf of the Society of Occupational Medicine.)

7. Relationship between childhood trauma and postpartum psychotic experiences: the role of postnatal anxiety and depression as mediators

Authors: Fekih-Romdhane, Feten;El Hadathy, Diane;Malaeb, Diana;Barakat, Habib and Hallit, Souheil

Publication Date: 2024

Journal: BMC Psychiatry 24(1), pp. 587

Abstract: Background: Postpartum psychosis (PP) is a psychological emergency requiring rapid intervention, hospitalization and psychiatric management. However, PP has been neglected in the postpartum literature. Understanding the detrimental consequences of childhood trauma across mother's life span is crucial to prevent this serious condition. The study's objectives were to demonstrate the relationship between childhood trauma and postpartum psychotic experiences (PPEs) and to look over the mediating role of postnatal depression (PD) and anxiety (PA) in this relationship.; Methods: This cross-sectional study, which enrolled 438 postpartum females 4-6 weeks after delivery (mean age: 31.23 ± 5.24 years), was carried out from September 2022 to June 2023. The Arabic validated versions of the Postpartum Psychotic Experiences Scale, the Edinburgh Postnatal Depression Scale, the Perinatal Anxiety Screening Scale, and the Child Abuse Self Report Scale were used.; Results: Both PD and PA partially mediated the correlation between psychological abuse and PPEs, and fully mediated the association between neglect and PPEs. Higher psychological abuse and neglect were significantly associated with higher PD (Beta = 1.11) and PA (Beta = 3.94), higher PD (Beta = 0.84) and PA (Beta = 0.26) were significantly associated with higher PPEs in both models, whereas greater child psychological abuse (Beta = 1.37) (but not neglect) was directly and strongly correlated with higher PPEs in all models.; Conclusion: The significant mediating effect of PA and PD on the association between childhood adversities and PPEs among postpartum females may offer additional therapeutic avenues to help attenuate various postpartum mental health issues and their potential serious risks on both mother and child. (© 2024. The Author(s).)

8. Fostering Tomorrow: Uniting Artificial Intelligence and Social Pediatrics for Comprehensive Child Well-being

Authors: Gülşen, Murat and Yalçın, Sıddıka Songül

Publication Date: 2024

Journal: Turkish Archives of Pediatrics 59(4), pp. 345–352

Abstract: This comprehensive review explores the integration of artificial intelligence (AI) in the field of social pediatrics, emphasizing its potential to revolutionize child healthcare. Social pediatrics, a specialized branch within the discipline, focuses on the significant influence of societal, environmental, and economic factors on children's health and development. This field adopts a holistic approach, integrating medical, psychological, and environmental considerations. This review aims to explore the potential of AI in revolutionizing child healthcare from social pediatrics perspective. To achieve that, we explored AI applications in preventive care, growth monitoring, nutritional guidance, environmental risk factor prediction, and early detection of child abuse. The findings highlight AI's significant contributions in various areas of social pediatrics. Artificial intelligence's proficiency in handling large datasets is shown to enhance diagnostic processes, personalize treatments, and improve overall healthcare management. Notable advancements are observed in preventive care, growth monitoring, nutritional counseling, predicting environmental risks, and early child abuse detection. We find that integrating AI into social pediatric healthcare aims to enhance the effectiveness, accessibility, and equity of pediatric health services. This integration ensures

high-quality care for every child, regardless of their social background. The study elucidates AI's multifaceted applications in social pediatrics, including natural language processing, machine learning algorithms for health outcome predictions, and AI-driven tools for health and environmental monitoring, collectively fostering a more efficient, informed, and responsive pediatric healthcare system.

9. Courage is contagious: we need to talk about the domestic abuse experienced by female doctors in the NHS

Authors: Haider, Seema

Publication Date: 2024

Journal: BMJ (Clinical Research Ed.) 386, pp. q1800

Abstract: Competing Interests: Competing interests: SH works with Women's Aid to improve awareness of domestic abuse within the NHS.

10. The impact of social media in child sexual abuse

Authors: Hong, Monica

Publication Date: 2024

Journal: Journal of Paediatrics and Child Health

Abstract: With the rise of technology, social media consumption by young children has become part of normal life. The ease of fabricating an online persona also means children become accessible by predators, placing them at risk of exploitation including the production of child abuse material, online grooming and child sexual abuse. The content uploaded on social media is difficult to monitor enabling children to be exposed to potentially harmful material. Online safety for children needs to be prioritised and parents made aware of the resources available to them. (© 2024 The Author(s). Journal of Paediatrics and Child Health published by John Wiley & Sons Australia, Ltd on behalf of Paediatrics and Child Health Division (The Royal Australasian College of Physicians).)

11. Abusive Pediatric Burns Module in the Child Abuse Pediatrics Curriculum for Physicians (CAP-CuP)

Authors: Johnson, Katie;Crumm, Caitlin and Brown, Emily

Publication Date: 2024

Journal: MedEdPORTAL : The Journal of Teaching and Learning Resources 20, pp. 11429

Abstract: Introduction: Child abuse pediatrics is an underrepresented area of medical education. To date, the available teaching materials about child abuse in MedEdPORTAL do

not address burn injury, and the available materials about burn injury do not address child abuse. We created an interactive, case-based module on abusive pediatric burns to fill this educational gap.; Methods: The abusive pediatric burns module was presented to a hybrid audience at a 45-minute emergency medicine grand rounds at Mayo Clinic. Participants completed a pre- and postmodule assessment to measure their confidence and knowledge pertaining to abusive pediatric burns.; Results: Fifty-six attendees, from an audience primarily composed of emergency medicine physicians but also including some multidisciplinary individuals, participated in the module. The median confidence level in assessing pediatric burns for abuse showed a modest increase from 4 (interquartile range IQR]: 2-6) to 6 (IQR: 5-8), and the proportion of participants answering knowledge questions correctly increased for every question: 18% versus 45%, 41% versus 100%, 59% versus 84%, and 72% versus 100%. Qualitative feedback from the audience was favorable.; Discussion: This interactive, case-based module about abusive pediatric burns was successfully administered to an audience at emergency medicine grand rounds. Increases in confidence and knowledge were observed, and positive qualitative feedback was received. (© 2024 Johnson et al.)

12. Childhood Trauma and Panic Disorder: The Impact of History of Child Abuse on Illness Severity and Treatment Response

Authors: Kay, Sarah J.;Keefe, John R.;Milrod, Barbara L. and Barber, Jacques P.

Publication Date: 2024

Journal: American Journal of Psychotherapy 77(3), pp. 112–118

Abstract: Objective: Patients who have experienced child abuse often have complex clinical presentations; whether a history of child abuse (HCA) affects psychotherapy outcomes is unclear. The authors examined relationships between HCA, clinical baseline variables, and change in these variables after three different psychotherapies for panic disorder (PD).; Methods: Two hundred adults with PD (with or without agoraphobia) were randomly assigned to one of three treatments across two sites: panic-focused psychodynamic psychotherapy (PFPP), cognitive-behavioral therapy (CBT), or applied relaxation training (ART). Differences in demographic and clinical variables between those with and without HCA were compared. The primary analysis addressed odds of meeting clinical response criteria on the Panic Disorder Severity Scale (PDSS) between treatments, as moderated by HCA. This effect was examined via continuous outcomes on the PDSS and psychosocial functioning (Sheehan Disability Scale).; Results: Compared with patients without HCA (N=154), patients with HCA (N=46) experienced significantly more severe symptoms of PD (d=0.60), agoraphobia (d=0.47), and comorbid depression (d=0.46); significantly worse psychosocial impairment (d=0.63) and anxiety sensitivity (d=0.75); greater personality disorder burden (d=0.45)-particularly with cluster C disorders (d=0.47)-and more severe interpersonal problems (d=0.54). HCA significantly moderated the likelihood of clinical response, predicting nonresponse to ART (B=-2.05, 95% CI=-4.17 to -0.30, OR=0.13, z=-2.14, p=0.032) but not CBT or PFPP. HCA did not interact with treatment condition to predict slopes of PDSS change.; Conclusions: The results of this study highlight the importance of HCA in formulating treatment recommendations. Increased awareness of HCA's effects on severity of PD and treatment responsiveness among patients with PD may improve outcomes.; Competing Interests: Dr. Milrod reports receiving book royalties from the Taylor & Francis Group. Dr.

Barber reports receiving book royalties from Guilford Press and Cambridge University Press. The other authors report no financial relationships with commercial interests. Holly A. Swartz, M.D., Editor of the journal, was the decision editor during peer review.

13. Harnessing the Power of Machine Learning and Electronic Health Records to Support Child Abuse and Neglect Identification in Emergency Department Settings

Authors: Landau, Aviv Y.;Blanchard, Ashley;Kulkarni, Paritosh;Althobaiti, Shahad;Idnay, Betina;Patton, Desmond U.;Cato, Kenrick and Topaz, Maxim

Publication Date: 2024

Journal: Studies in Health Technology and Informatics 316, pp. 1652–1656

Abstract: Emergency departments (EDs) are pivotal in detecting child abuse and neglect, but this task is often complex. Our study developed a machine learning model using structured and unstructured electronic health record (EHR) data to predict when children in EDs might need intervention from child protective services. We used a case-control study design, analyzing data from a pediatric ED. Clinical notes were processed with natural language processing (NLP) techniques to identify suspected cases and matched in a 1:9 ratio to ensure dataset balance. The features from these notes were combined with structured EHR data to construct a model using the XGBoost algorithm. The model achieved a precision of 0.95, recall of 0.88, and F1-score of 0.92, with improvements seen from integrating NLP-derived data. Key indicators for abuse included hospital admissions, extended ED stays, and specific clinical orders. The model's accuracy and the utility of NLP suggest the potential for EDs to better identify at-risk children. Future work should validate the model further and explore additional features while considering ethical implications to aid healthcare providers in safeguarding children.

14. Risk, Emotional Support, Child Abuse Potential, and Parenting During the First Year of the COVID-19 Pandemic

Authors: McGoron, Lucy;Trentacosta, Christopher J.;Wargo Aikins, Julie;Beeghly, Marjorie;Beatty, Jessica R.;Domoff, Sarah E.;Towner, Elizabeth K. and Ondersma, Steven J.

Publication Date: 2024

Journal: Child Maltreatment 29(3), pp. 463–473

Abstract: The COVID-19 pandemic and associated mitigation efforts created stress that threatened parent and child well-being. Conditions that increase stress within families heighten the likelihood of child abuse, but social support can mitigate the impact. This short-term investigation considered whether cumulative risk, COVID-19 specific risk, and emotional support (one aspect of social support), were associated with child abuse potential during the pandemic. Additionally, we investigated whether emotional support moderated the association between COVID-19 specific risk and child abuse potential, and associations between child abuse potential and emotionally positive and emotionally negative parenting. Participants included 89 parents, from a metropolitan area with a large number of economically distressed

families, who completed online questionnaires. COVID-19 specific risk and emotional support each explained additional variance in child abuse potential beyond cumulative risk, but emotional support did not moderate the association between COVID-19 specific risk and child abuse potential. Consistent with expectations, child abuse potential was negatively associated with emotionally positive parenting and positively associated with emotionally negative parenting practices. Results highlight the importance of addressing both risks and supports at multiple levels for parents during times of stress.

15. Domestic, family and sexual violence polyvictimisation and health experiences of Australian nurses, midwives and carers: a cross-sectional study

Authors: McLindon, Elizabeth Veronica-Mary; Spiteri-Staines, Anneliese and Hegarty, Kelsey

Publication Date: 2024

Journal: BMC Public Health 24(1), pp. 2290

Abstract: Background: Domestic, family and sexual violence is a prevalent health and social issue. Nurses may be exposed to higher rates of this violence in their personal lives compared to the community, but little is known about their polyvictimisation experiences or health and well-being impacts.; Methods: An online descriptive, cross-sectional survey of women nurses, midwives and carer members of the Australian Nursing and Midwifery Federation (ANMF) (Victorian Branch) (response rate: 15.2% of nurses sent an invitation email/28.4% opened the email). Violence survey measures included: intimate partner violence (Composite Abuse Scale); child abuse and sexual violence (Australian Bureau of Statistics Personal Safety Survey items). Health measures included: Short Form-12; Fast Alcohol Screening Test; Patient Health Questionnaire-4; Short Screening for DSM-IV Posttraumatic Stress Disorder; well-being measures included: Connor-Davidson Resilience Scale, social support, and financial stress. Proportions were used to describe the prevalence of violence by sociodemographic characteristics and health and well-being issues; logistic regression predicted the odds of experiencing overlapping types of violence and of experiencing health and well-being outcomes.; Results: 5,982 participants (from a parent study of 10,674 nurses, midwives and carers) had experienced at least one type of lifetime violence; half (50.1%) had experienced two or three types (polyvictimisation). Survivors of child abuse were three times more likely to experience both intimate partner violence and non-partner adult sexual assault. Any violence was associated with poorer health and well-being, and the proportion of affected participants increased as the types of violence they had experienced increased. Violence in the last 12-months was associated with the poorest health and well-being.; Conclusions: Findings suggest a cumulative, temporal and injurious life course effect of domestic, family and sexual violence. The polyvictimisation experiences and health and well-being associations reported by survivor nurses, midwives and carers underscores the need for more accessible and effective workplace interventions to prevent and mitigate psychosocial ill health, especially in the recent aftermath of violence. (© 2024. The Author(s).)

16. Increased blood 1,25 dihydroxyvitamin D levels in infants with Metabolic Bone Disease of Infancy in contested cases of child abuse

Authors: Miller, Marvin and Ayoub, David

Publication Date: 2024

Journal: Journal of Orthopaedics 58, pp. 102–110

Abstract: Purpose: Metabolic Bone Disease of Infancy (MBDI) is a multifactorial disorder of bone fragility that presents with multiple unexplained fractures (MUF) and is often misdiagnosed as child abuse. The diagnosis of MBDI is made by the finding of radiographic features of healing rickets and risk factors for MBDI. Our anecdotal experience indicates blood 1,25-dihydroxyvitamin D (1,25-DiOHVD) is sometimes elevated. The purpose of this retrospective study was to review cases of MBDI in which child abuse was alleged and the alleged perpetrator denied wrongdoing.; Methods: We reviewed forensic cases of MBDI born between 2015 and 2021. The diagnosis was based on radiographic findings of healing rickets. Records were reviewed for blood 1,25-DiOHVD testing.; Results: 22 of the 76 infants (29 %) had a blood 1,25-DiOHVD level performed at the time of presentation with fractures. The average age of presentation with fractures was 11 weeks. 3 of the 22 infants (14 %) had a normal 1,25-DiOHVD blood level, and 19 of the 22 infants (86 %) had an elevated level. None had low levels.; Conclusion: Blood 1,25-DiOHVD is often elevated in infants with MBDI. Elevated blood 1,25-DiOHVD levels cause increased bone resorption and decreased bone mineralization, and thus this finding is not unexpected since all infants had evidence of healing rickets on imaging studies. These results indicate blood 1,25-DiOHVD should be done in contested cases of child abuse in infants with MUF as an elevated level indicates bone fragility.; Competing Interests: The authors Marvin Miller, MD, and David Ayoub, MD, declare that they have no conflict of interest. (© 2024 Professor P K Surendran Memorial Education Foundation. Published by Elsevier B.V. All rights are reserved, including those for text and data mining, AI training, and similar technologies.)

17. Recognising and responding to non-fatal strangulation in domestic abuse

Authors: Peel, Matthew and Cunnion, Katy

Publication Date: 2024

Journal: Nursing Standard 39(8), pp. 68–73

Abstract: Why you should read this article: • To update your knowledge of what constitutes non-fatal strangulation • To remember that victims/survivors of non-fatal strangulation often do not disclose the assault • To understand the nurse's responsibility to respond to suspicions of domestic abuse by initiating safeguarding and protection procedures. Victims/survivors (the authors use this term throughout the article but acknowledge that individuals may use various terms to describe their experiences) of non-fatal strangulation associated with domestic abuse are at risk of further serious harm or death, but often do not disclose the assault. In addition, some of the signs and symptoms are not immediately apparent or obvious. Nurses have a professional responsibility to respond to suspicions about and/or disclosure of any type of domestic abuse by initiating safeguarding and protection procedures and must provide effective care. This article discusses non-fatal strangulation in domestic abuse, including the presenting signs and symptoms and barriers to disclosure, and describes the role of the nurse. The authors include a fictional case study to demonstrate the type of situation nurses may experience when they encounter a victim/survivor of non-fatal strangulation.

18. Ethical conflicts experienced by community nurses: A qualitative study

Authors: Porr, Caroline;Gaudine, Alice and Smith-Young, Joanne

Publication Date: 2024

Journal: Nursing Ethics 31(4), pp. 541–552

Abstract: Background: Despite news reports of morally distressing situations resulting from complex and demanding community-care delivery in Canada, there has been little research on the topic of ethical conflicts experienced by community-based health care professionals. Research aim: To identify ethical conflicts experienced by community nurses. Research design: Data were collected using semi-structured interviews and then relevant text was extracted and condensed using qualitative content analysis. This research was part of a larger grounded theory project examining how community nurses manage ethical conflict. Research context and participants: Community nurses, including 13 public health nurses and 11 home care nurses from two Canadian provinces, were interviewed. Ethical considerations: Study approval was granted by the Health Research Ethics Authority of Newfoundland and Labrador and by provincial health authorities. Findings: Seven ethical conflicts were identified and assigned to one of two groups. In the grouping categorized as challenges with obligations or risks, the ethical conflicts were: (1) screening for child developmental issues knowing there is a lack of timely early intervention services; (2) encountering inequities in the health care system; (3) not fulfilling principles, goals, and initiatives of primary and secondary prevention; and (4) feeling powerless to advocate for clients. The remaining ethical conflicts were categorized as challenges with process, risks, and consequences, and were: (5) jeopardizing therapeutic relationships while reporting signs of a child at risk; (6) managing confidentiality when neighbors are clients; and (7) supporting client autonomy and decision-making but uncertain of the consequences. Conclusions: Research investigation will continue to be important to raise awareness and mobilize ethics supports as health care services are steadily shifted from institutional to community settings. Moreover, with heightened potential for communicable disease outbreaks across international borders from global warming, community nurses around the world will continue to be required to address ethically-difficult care situations with competence and compassion.

19. Using Technology to Improve the Mental Capacity Assessment and Deprivation of Liberty Safeguards Process...16th International Congress on Nursing Informatics (NI2024), July 28-31, 2024, Manchester, UK

Authors: ROBERTSON, M. E. and DOWN, S.

Publication Date: 2024

Journal: Studies in Health Technology & Informatics 315, pp. 468–472

Abstract: The process of mental capacity act (MCA) assessment and deprivation of liberty safeguarding (DoLS) was identified as an area for improvement. The project aimed to ensure that patients admitted to hospital for care and treatment were appropriately assessed if there is doubt about their mental capacity and that the subsequent legal process of DoLS is followed

as needed. The project group sought to address this issue using clinical informatics through the electronic health record and data reports to re-design the process. User involvement was key to ensure the process and key pieces of documentation were designed to be easy for staff to use with responsibilities clearly defined. The importance of operational staff having good visibility of the end-to-end process was key to allow staff to identify and address any gaps in the process in real time without the need for escalation by the safeguarding team. A robust data report further supports the safeguarding team to effectively manage this group of vulnerable patients. The project has significantly increased appropriately the number of MCA assessments undertaken and subsequent DoLS applications submitted to local authority partners.

20. Self-esteem mediates child abuse predicting adulthood anxiety, depression, and substance use symptoms 18 years later

Authors: Sarkar, Nilakshi;Zainal, Nur Hani and Newman, Michelle G.

Publication Date: 2024

Journal: Journal of Affective Disorders 365, pp. 542–552

Abstract: According to biopsychosocial models, experiencing parental child abuse increases susceptibility to adulthood psychopathology. However, there is a paucity of studies examining potential mechanisms of the parental child abuse and adulthood psychopathology relationship. The purpose of the current study was to determine if Time 2 (T2) trait self-esteem mediated levels of Time 1 (T1) retrospectively recalled parental child abuse predicting (T3) past-year major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder (PD), alcohol use disorder (AUD), and substance use disorder (SUD) symptoms. The 18-year Midlife Development in the United States (MIDUS) study included participants (N = 3294; T1 average age of 45.62 years) assessed at three different time points, each spaced about nine years apart. We performed structural equation mediation modeling analyses to determine how maternal and paternal child abuse at T1 would independently predict T3 MDD, GAD, PD, AUD, and SUD symptoms. We also examined whether T2 self-esteem mediated these relations while controlling for adulthood T1 psychopathology symptoms, demographics, socioeconomic status, somatic symptoms, and parental psychopathology. Consistent with our hypotheses, higher T1 maternal and paternal abuse predicted increased T3 GAD, PD, AUD, and SUD symptoms via diminished T2 self-esteem as the mediator (% proportion mediated = 33.0-100). However, childhood paternal, but not maternal, abuse predicted adulthood MDD symptoms via reduced self-esteem. Findings remained after adjusting for covariates. Our research highlights the importance of understanding retrospectively recalled parental child abuse-adulthood psychopathology relations, their potential mechanisms, and self-esteem as a malleable treatment target for adults with heightened child abuse.; Competing Interests: Declaration of competing interest None of the authors have any conflict of interest. (Copyright © 2024 Elsevier B.V. All rights reserved.)

21. Evaluation of Pediatricians'Attitudes in Reporting Child Abuse and Neglect: A Theoretical Perspective

Authors: Silahlı, Nicel Yıldız;Türe, Şenay;Kılıç, Betül Orhan and Kök, Kıvanç

Publication Date: 2024

Journal: Journal of Current Pediatrics / Guncel Pediatri 22(2), pp. 93–101

Abstract: Introduction: Child abuse and neglect is a widespread and pressing issue, with serious and long-term adverse effects on children's physical and psychological health. Pediatricians play a crucial role in detecting and addressing cases; however, studies have shown challenges in reporting cases encountered in clinical practice. This study aims to examine pediatricians' attitudes towards reporting cases of child abuse and neglect encountered in their clinical practices, as well as the factors influencing these attitudes. Materials and Methods: A descriptive cross-sectional study was conducted among pediatricians in Istanbul. Data collected included sociodemographic characteristics, knowledge and formal training about child neglect and abuse, attitudes about dealing with it, experience, and reporting behavior. The data was collected through a self-administered online questionnaire. The study provides insights into the current awareness and response of Istanbul's pediatricians towards child neglect and abuse. The data were analyzed using SPSS 22, employing descriptive and comparative statistics such as frequency, mean, standard deviation, and correlation tests. Ethical approval was obtained from the Istanbul Medipol University Ethics Committee. The study was conducted in accordance with the Declaration of Helsinki and online consent was obtained from the participants. Results: The study involved 126 pediatricians. Results showed that pediatricians had generally positive attitudes toward reporting child neglect and abuse. Gender and marital status did not significantly influence attitudes, but pediatricians who were parents scored higher on reporting Responsibility. Additionally, it was shown that those with more professional experience had a higher reporting responsibility score. Structured training on child abuse and neglect has been shown to increase pediatricians' reporting responsibility scores and exhibit less anxious attitudes. Conclusion: This study highlights pediatricians' positive attitudes toward reporting child abuse and neglect and identifies influencing factors such as training, professional experience, and collaboration. It emphasizes the importance of addressing challenges like awareness of reporting procedures and concerns about negative consequences. Comprehensive training, clear reporting protocols, and multidisciplinary collaboration are essential for increasing reporting rates and improving the detection of child abuse and neglect. The study contributes to enhancing child protection systems in Turkey by providing insights into pediatricians' attitudes toward reporting child abuse and neglect.

22. A mixed-methods cross-sectional study to evaluate the public acceptability of a novel pharmacy-based response service for domestic abuse and/or suicidal ideation

Authors: Solomon, Josie;Gorton, Hayley;Barcelos, Ana Maria;Latham-Green, Tracey;Williams, Samantha;Rowan, Elise;Knapp, Peter;Henderson, Claire;Gussy, Mark and Barnes, Rebecca

Publication Date: 2024

Journal: Research in Social & Administrative Pharmacy : RSAP 20(10), pp. 969–977

Abstract: Background: Domestic abuse (DA) and suicidal ideation (SI) are prevalent and often co-occur. Numerous practical and psychosocial barriers inhibit help-seeking, including

accessibility and confidentiality concerns. Early intervention and referral are essential for both DA and SI. Pharmacies are accessible and may be perceived as a discreet venue for a DA and SI response service. There is a growing body of literature about the role of community pharmacy teams in suicide prevention and assisting domestic abuse victims globally. Whilst there have been some interventions in UK pharmacies to support domestic abuse victims and encouragement of staff training in suicide prevention, there is currently no commissioned service for DA and/or SI in pharmacies in the UK.; Objective: To assess public acceptability of a novel response service in community pharmacy for people in danger from domestic abuse and/or suicidal ideation.; Methods: Data collection consisted of an online public survey running for 6 weeks and qualitative interviews with pharmacy customers. Descriptive statistics were used to present the survey results and interviews were audio recorded, transcribed verbatim and then analysed using the Framework Analysis method and NVivo 11.; Results: The majority of 501 survey respondents and all 12 customer interview participants were supportive of offering a response service for DA and/or SI in community pharmacy. Participants emphasised the need for appropriate staff training and support. They considered it an ethical and accessible approach and the majority said that they would recommend such a service to family or friends, and use it themselves if needed. However, awareness of the service was low and marketing materials were considered insufficiently clear.; Conclusions: There is strong public support and acceptability for a response service covering both suicidal ideation and domestic abuse in community pharmacies. Further research is required to develop appropriate marketing materials. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

23. Effects of COVID on Mandated Child Abuse Reporting Among Nurses: The Mediating Role of Compassion Fatigue

Authors: Stevenson, Margaret C.; Ravipati, Vaishnavi M. and Schaefer, Cynthia T.

Publication Date: 2024

Journal: Child Maltreatment 29(3), pp. 487–499

Abstract: Because COVID triggered elevated rates of child abuse, but diminished rates of child abuse reporting, we explored predictors of nurses' attitudes toward reporting suspected child abuse during the COVID pandemic. In particular, we expected that compassion fatigue and compassion satisfaction would mediate the effects of COVID-related stressors (i.e., exposure to COVID patient death and suffering; COVID-related family income loss; frequent direct care of COVID patients; and parental burnout) on nurses' negative attitudes toward reporting suspected child abuse. Employing chain-referral sampling, we recruited a sample of 244 registered nurses (83% White; 87% women). Supporting hypotheses, compassion fatigue mediated the effects of job-related COVID stressors (exposure to COVID patient death and suffering; COVID-related family income loss; and frequent direct care of COVID patients) on nurses' negative attitudes toward reporting suspected child abuse. In addition, among nurses who were also parents, nurses' self-reported parental burnout mediated the relation between compassion fatigue and negative attitudes toward reporting suspected child abuse. In addition, compassion satisfaction mediated the effect of nurses' parental burnout on nurses' negative attitudes toward reporting suspected child abuse.

24. Oral and Dental Aspects of Child Abuse and Neglect: Clinical Report

Authors: Tate, Anupama Rao;Fisher-Owens, Susan;Spiller, Lora;Muhlbauer, Jillian and Lukefahr, James L.

Publication Date: 2024

Journal: Pediatrics 154(3)

Abstract: In all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico, pediatricians, dental professionals, and other physicians are mandated to report suspected cases of abuse and neglect to social service or law enforcement agencies. The purpose of this clinical report is to review the oral aspects of abuse and dental neglect in children and the role of pediatricians, dental professionals, and other physicians in evaluating such conditions. This clinical report addresses recommendations on the evaluation of bite marks, as well as perioral and intraoral injuries, infections, and diseases that may raise suspicion for child abuse or neglect. Some physicians may have received less education pertaining to oral health, dental injury, and oral disease. These physicians may not detect the mouth and gum findings possibly related to abuse or neglect as readily as abuse injuries involving other areas of the body. Therefore, pediatricians, dental professionals, and other physicians are encouraged to collaborate to increase the prevention, detection, and treatment of these conditions in children. (Copyright © 2024 by the American Academy of Pediatrics.)

25. Exploring the Nexus: Personality Disorders and Their Impact on Violent Extremism, Radicalism, and Activism

Authors: Thomson, Nicholas D. and Kjaervik, Sophie L.

Publication Date: 2024

Journal: Journal of Personality Disorders 38(4), pp. 350–367

Abstract: The escalating global concerns surrounding radicalization and violent extremism necessitate a comprehensive understanding and explanation. Identifying the risk factors associated with radicalism and violent extremism is critical to the development of risk assessment, prevention, and intervention strategies. It is imperative to distinguish these risks from civic responsibilities (i.e., activism) to safeguard individual rights. This study aims to examine the association between well-established risk factors for violence—personality disorder symptoms—and violent extremist attitudes, radicalism, and activism. Findings indicate that antisocial personality disorder symptoms were linked to violent extremist attitudes and radicalism, whereas obsessive-compulsive disorder symptoms were related to activism. This suggests that obsessive-compulsive personality disorder may signify a readiness for legal and nonviolent political action; in contrast, antisocial personality disorder symptoms signify a readiness for extremist violence and illegal political action.

26. On the Overlap of Commercial Sexual Exploitation and Intimate Partner Violence: An Exploratory Examination of Trauma-Related Shame

Authors: Walker, Emily D. and Reid, Joan A.

Publication Date: 2024

Journal: Journal of Interpersonal Violence 39(15), pp. 3669–3686

Abstract: Every year, millions of people experience intimate partner violence (IPV) and commercial sexual exploitation (CSE), with researchers increasingly discussing the overlap between these two forms of interpersonal violence. However, researchers have not yet used quantitative methods to examine the link between IPV and CSE or to explore potential mechanisms underlying the overlap, including child maltreatment risk factors and psychological mechanisms. One potential mechanism is trauma-related shame, a symptom of post-traumatic stress disorder commonly experienced by both victims of CSE and IPV. The current study explores trauma-related shame, childhood maltreatment, and IPV and their associations with CSE using a sample of 174 primarily Black women. Binomial logistic regression is used to analyze the impact of IPV, child abuse and neglect, and trauma-related shame on CSE. Results indicate that IPV and trauma-related shame are both significant predictors of CSE. Implications for future research and the incorporation of shame in trauma-related treatment are discussed.

27. Common and Unique Risk Factors for Intimate Partner Violence Victimization Among Sexual and Gender Minority Individuals Assigned Female at Birth

Authors: Whitton, Sarah W.; Swann, Gregory and Newcomb, Michael E.

Publication Date: 2024

Journal: Violence and Victims 39(3), pp. 277–294

Abstract: Sexual and gender minority youth assigned female at birth (SGM-AFAB) are at disproportionately high risk for intimate partner violence victimization (IPVV), yet remain understudied. Using two time points of data collected from 367 SGM-AFAB young people (aged 16-31 years), we tested whether common, general population risk factors (childhood violence, depression, alcohol and cannabis use, and low social support) and unique stigma-related factors (enacted stigma, microaggressions, and internalized stigma) prospectively predicted psychological, physical, sexual, and identity abuse IPV in the following 6 months. Results indicated that some traditional risk factors, including child abuse, depression, cannabis use, and low social support, raise IPV risk among SGM-AFAB youth. Microaggressions and internalized stigma represent additional, unique IPV risk factors in this population. SGM-affirmative efforts to prevent IPV should address these common and SGM-specific risk factors. (© 2024 Springer Publishing Company, LLC.)

Sources Used:

The following databases are used in the creation of this bulletin: CINAHL and Medline and EBSCO's Psychology and Behavioural Science Collection.

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