

Safeguarding

Current Awareness Bulletin

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1. The Roles of Shame and Poor Self-Concept in Explaining Low Social Connection Among Adult Survivors of Childhood Emotional Maltreatment

Authors: Archuleta, William P.; Kaminski, Patricia L. and Ross, Nicholas D.

Publication Date: 2024

Journal: Psychological Trauma: Theory, Research, Practice & Policy 16(7), pp. 1149–1157

Abstract: Emotional maltreatment (EM) is the most common retrospectively self-reported form of child abuse/neglect. One potential negative outcome for EM survivors is a lack of social connection (SC; i.e., feeling interpersonally distant from others, socially uncomfortable, etc.). Explanations of the link between EM and low SC, however, are insufficiently tested. Theory and empirical work point to shame as a ubiquitous consequence of EM that negatively affects self-concept and is also associated with low SC in adulthood. Objective: We test the hypothesis that experiences of EM lead to shame that impairs the development of social self-concept and, ultimately, one's sense of SC. Participants and setting: We collected self-report data from 244 American college students. Method: Using structural equation modeling, we tested shame and social self-concept as sequential mediators of the path from EM to SC. Results: Shame and social self-concept mediated the relationship between EM and SC, bringing this direct path below significance. Social self-concept partially mediated shame and SC. Overall, our model accounted for 77% of the variability in SC. Conclusions: Children subjected to EM by caregivers are likely to experience themselves as deeply flawed (i.e., shame) and have difficulty developing a secure sense of themselves, especially as relational beings. Our results suggest that when shame interferes with the development of a positive social self-concept, survivors of EM are at-risk for low SC. Treatment implications include a focus on healing shame and building social self-concept. Clinical Impact Statement: The emotional maltreatment (EM) of children includes emotional abuse (e.g., name calling) and emotional neglect (e.g., lack of attention). EM remains a prevalent and understudied phenomenon which can have long-term negative effects on children. Specifically, children who experience EM typically feel a deep sense of shame, as if they are bad or worthless. Our findings support the theory that deep shame interferes with a person's likelihood of developing socio-emotional well-being, even into adulthood. Thus, we recommend healing shame as a primary therapeutic intervention for survivors of EM to improve their social self-concept and social connection.

2. Rethinking Lifetime Abuse in Old Age

Authors: Band-Winterstein, Tova; Shulyaev, Ksenya and Eisikovits, Zvi

Publication Date: 2024

Journal: Journal of Interpersonal Violence 39(19-20), pp. 4020–4040

Abstract: Research on abuse is often piecemeal and focused on specific forms, populations, and social situations. As a result, these studies tend to ignore the web of abuse resulting from the interactive effects of various forms of abuse over the life course, together referred to as "lifetime abuse." An examination of abuse from the point of view of older adults is likely to

provide a lifetime perspective based on linking child abuse to elder abuse over the life course and an assessment of its consequences. Despite the growing awareness and resulting body of knowledge regarding this phenomenon, proposed theoretical formulations about it remain limited. The present article aimed to conceptualize the multifaceted phenomenon of lifetime abuse and to gain a deeper perspective of the topic by understanding its dimensions, meanings, and experiences in older age, based on a critical review of empirical studies. A model is suggested, which can be useful for future exploration and understanding of lifetime abuse. Based on a critical review of previous studies, we suggest a theoretical framework of lifetime abuse from the perspective of older adults, identifying three key domains: (a) perception of time and life review in old age; (b) cumulative and interactive abusive life events; and (c) resilience versus vulnerability over the life course. We propose a heuristic model to explore and understand lifetime abuse. We believe our proposed model is open to reflection and elaboration and is intended to raise questions that could enhance the need for our understanding of lifetime abuse in old age.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

3. A qualitative analysis of the role of the diagnostic radiographer in child safeguarding

Authors: Beck, J. J. W.;Snaith, B.;Wilson, A. S. and Hardy, M. L.

Publication Date: 2024

Journal: Journal of Medical Imaging and Radiation Sciences 55(4), pp. 101763

Abstract: Background: The role of medical imaging in the investigation of suspected child abuse is well documented. However, the role of the radiographer as an instigator of such concerns is less well understood. The fast-paced development of related technology and the evolution of the profession into new areas of work is argued to have impacted upon the traditional interaction between patient and professional; thus requiring a contemporary analysis of current practice.; Objective: As part of a wider multimethod thesis, this qualitative study sought to fill a gap in the literature with regard the role of the radiographer in child safeguarding by exploring their knowledge of, attitude towards and practical experience of the phenomenon.; Participants and Setting: Online, semi-structured interviews were conducted with n=12 radiographers from across England between 2020 and 2021. Recruitment occurred via an initial survey and interviews were conducted online.; Methods: Verbatim transcripts were analysed using a framework analysis approach to create initial codes which led to themes for discussion.; Results: The framework analysis approach resulted in the identification of three constituent themes: (1) Patient, (2) Examination and (3) Radiographer. Each constituent themes were built from a comprehensive coding of the data. Analysis of these themes are presented in terms of quotes and diagrammatic depiction.; Conclusion: For radiographers to be able to identify child safeguarding concerns, alignment of these constituent themes is necessary with the radiographer being the theme that can be greater controlled in terms of knowledge and attitude. Conceptually, this analysis could be extended to other professionals. Contemporary practice within medical imaging has made it more challenging to assess some physical and social signs of child safeguarding concern, and thus for the alignment to occur, as compared with previous generations. To maximise the contribution, education needs to account for wider paediatric practice and the imaging modality

utilised by the radiographer. A case study approach demonstrating the potential that exists for the profession to contribute would be beneficial. Interprofessionally, greater involvement of radiographers in the assessment and escalation of any concerns could provide benefit to the patient. (Copyright © 2024. Published by Elsevier Inc.)

4. Trauma Theory and Abuse, Neglect and Violence Across the Life Course

Authors: Brownell, Patricia

Publication Date: 2024

Journal: Journal of Interpersonal Violence 39(19-20), pp. 4041–4064

Abstract: A literature review of recent prevalence and prospective studies on interpersonal violence (IPV) identifies a link among child abuse, intimate partner violence, and elder abuse that had not emerged from life-stage-specific studies on abuse, neglect, and violence against older persons. In line with a developmental understanding of IPV from a life course perspective, early life trauma is emerging as an explanatory theory of IPV across the life course. This paradigm shift in the field of elder abuse challenges more traditional explanations of IPV in old age, such as ageism, but opens up new opportunities for interventions leading to prevention and treatment of abuse, neglect, and violence against older adults. Prevalence studies that include older subjects and questions about violence experienced as children and younger adults consistently identify child abuse as a risk factor for IPV experienced in old age. Similarly, prospective studies on IPV that follow subjects from childhood to old age identify lifetime patterns of abuse. Qualitative studies of IPV in old age that include retrospective data suggest a link as well. IPV perpetrated against children and adults of all ages by persons in positions of trust can lead to trauma that has adverse lifelong behavioral and relational implications. This provides a link between trauma theory and violence against older people. Until recently, abuse, neglect, and violence were conceptualized differently based on the life stage of the victim. While historically the definitions for partner and non-partner violence diverged based on the life stage of victims, more recently this has begun to converge. Understanding violence from a life course and trauma-informed perspective better identifies risk factors and interventions for IPV against older adults. Intersectionality of age and gender variables demonstrate differences and similarities among populations studied.; Competing Interests: Declaration of Conflicting InterestsThe author declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

5. ESR Essentials: imaging of suspected child abuse-practice recommendations by the European Society of Paediatric Radiology

Authors: Colleran, Gabrielle C.;Fossmark, Maria;Rosendahl, Karen;Argyropoulou, Maria;Mankad, Kshitij and Offiah, Amaka C.

Publication Date: 2024

Journal: European Radiology

Abstract: The goal of this paper is to provide a useful desktop reference for the imaging of

suspected child abuse with clear, age-specific pathways for appropriate evidence-based imaging and follow-up. We aim to provide a road map for the imaging evaluation and follow-up of this important and vulnerable cohort of patients presenting with signs and symptoms concerning for inflicted injury. As the imaging recommendations differ for children of different ages, we provide a flowchart of the appropriate imaging pathway for infants, toddlers, and older children, which allows ease of selection of which children should undergo skeletal survey, non-contrast computed tomography (CT) brain with 3-dimensional (D) reformats, and magnetic resonance imaging (MRI) of the brain and whole spine. For ease of review, we include a table of the common intracranial and spinal patterns of injury in abusive head trauma. We summarise search patterns, areas of review, and key findings to include in the report. To exclude skeletal injury, infants and children under 2 years of age should undergo a full skeletal survey in accordance with national guidelines, with a limited follow-up skeletal survey performed 11-14 days later. For children over 2 years of age, the need for skeletal imaging should be decided on a case-by-case basis. All infants should undergo a non-contrast-enhanced CT brain with 3-D reformats. If this is normal with no abnormal neurology, then no further neuroimaging is required. If this is abnormal, then they should proceed to MRI brain and whole spine within 2-5 days. Children older than 1 year of age who have abnormal neurology and/or findings on skeletal survey that are suggestive of inflicted injury should undergo non-contrast CT brain with 3-D reformats and, depending on the findings, may also require MRI of the brain and whole spine. We hope that this will be a helpful contribution to the radiology literature, particularly for the general radiologist with low volumes of paediatrics in their practice, supporting them with managing these important cases when they arise in daily practice. **KEY POINTS:** The choice of initial imaging (skeletal survey and/or brain CT) depends on the age of the child in whom abuse is suspected. A follow-up skeletal survey is mandatory 11-14 days after the initial survey. If an MRI of the brain is performed, then an MRI of the whole spine should be performed concurrently. (© 2024. The Author(s).)

6. A Study of Skeletal Survey Disparity in Pediatric Head Injury in the Emergency Department

Authors: Crumm, Caitlin E.;Brown, Emily C. B.;Uspal, Neil G.;Caglar, Derya;von Saint Andre-von Arnim, Amelie;Barry, Dwight and Hartford, Emily A.

Publication Date: 2024

Journal: Child Maltreatment , pp. 10775595241282321

Abstract: The objective of this study was to evaluate disparities in skeletal survey (SS) use for pediatric head injury patients in the emergency department (ED). This was a multi-site retrospective cohort study of children <24 months with concern for head injury and injury on head CT from 7/1/12 - 1/1/22. We determined adjusted associations between SS completion and race, ethnicity, language for care, insurance type, and income, with sub-analysis of children <6 months and with complex injury. We evaluated occult fracture prevalence. Two-hundred seventy children met criteria and 88 had SS. No statistical association was found between skeletal survey completion and race or ethnicity, language for care, private insurance, median census tract income, or in sub-analyses. Two of 88 (2.3%) patients had occult fracture; both had risk factors for NAT. In conclusion, no statistical association was found between SS completion and demographics. Occult fracture was uncommon. SS use can likely be

decreased in lower risk patients.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Drs. Crumm and Brown provide legal consultation and testimony for child abuse cases.

7. Separation at birth due to safeguarding concerns: Using reproductive justice theory to re-think the role of midwives.

Authors: De Backer, Kaat;Rayment-Jones, Hannah;Montgomery, Elsa and Easter, Abigail

Publication Date: 2024

Journal: Birth

Abstract: Separation at birth due to safeguarding concerns is a deeply distressing and impactful event, with numbers rising across the world, and has devastating outcomes for birth mothers and their children. It is one of the most challenging aspects of contemporary midwifery practice in high-income countries, although rarely discussed and reflected on during pre- and post-registration midwifery training. Ethnic and racial disparities are prevalent both in child protection and maternity services and can be explained through an intersectional lens, accounting for biases based on race, gender, class, and societal beliefs around motherhood. With this paper, we aim to contribute to the growing body of critical midwifery studies and re-think the role of midwives in this context. Building on principles of reproductive justice theory, Intersectionality, and Standpoint Midwifery, we argue that midwives play a unique role when supporting women who go through child protection processes and should pursue a shift from passive bystander to active upstander to improve care for this group of mothers. Copyright © 2024 The Authors. Birth published by Wiley Periodicals LLC.

8. Gender Violence During the Three Ages of Life and the Impact of the Covid-19 Pandemic: A Review

Authors: Di Donna, Gaetano;Di Lorenzo, Pierpaolo;Aquino, Carmen Imma;Marisei, Mariagrazia;Casella, Claudia;Surico, Daniela;Niola, Massimo and Guida, Maurizio

Publication Date: 2024

Journal: International Journal of Social Determinants of Health & Health Services 54(4), pp. 423–435

Abstract: Children, women, and older people suffer different types of violence, which appears to have been exacerbated during the COVID-19 pandemic and the relative lockdown. The aim of this study is to analyze the literature about gender violence and abuse in the different ages of life and during the COVID-19 lockdown. Data were obtained from an electronic literature search using various online sources such as PubMed, Google Scholar, Science Direct and Web of Science. The terms "child abuse" were the most frequently used, followed in frequency by "gender violence," "femicide," and, lastly, "elderly abuse." The first studies considered gender-based violence as a purely physical problem, then, progressively, the analysis focused on the psychological point of view of the issue. There was a greater number of studies in 2020

about violence in comparison with previous years. The social and scientific attention to gender-based violence appeared to be very poor, especially in the case of older people abuse. It is necessary to increase general attention to the topic to correctly identify each form of abuse and to be able to take care of the subjects most at risk.

9. Radiation Dose Optimization in Radiology: A Comprehensive Review of Safeguarding Patients and Preserving Image Fidelity

Authors: Dudhe, Sakshi S.;Mishra, Gaurav;Parihar, Pratapsingh;Nimodia, Devyansh and Kumari, Anjali

Publication Date: May ,2024

Journal: Cureus 16(5), pp. e60846

Abstract: Radiation dose optimization in radiology is a critical aspect of modern healthcare, aimed at balancing the necessity of diagnostic imaging with the imperative of patient safety. This comprehensive review explores the fundamental principles, techniques, and considerations in optimizing radiation dose to safeguard patients while preserving image fidelity. Beginning with acknowledging the inherent risks associated with medical radiation exposure, the review highlights strategies such as the As Low as Reasonably Achievable (ALARA) principle, technological advancements, and quality assurance measures to minimize radiation dose without compromising diagnostic accuracy. Regulatory guidelines and the importance of patient education and informed consent are also discussed. Through a synthesis of current knowledge and emerging trends, the review underscores the pivotal role of radiation dose optimization in radiology practice. Furthermore, it emphasizes the need for ongoing research and collaboration to advance dose reduction strategies, establish standards for radiation safety, and explore personalized dose optimization approaches. By prioritizing radiation dose optimization, healthcare providers can ensure the highest standards of patient care while minimizing potential risks associated with medical radiation exposure. Copyright © 2024, Dudhe et al.

10. Safeguarding adults: A concept analysis

Authors: Duffy, Anita;Browne, Freda and Connolly, Michael

Publication Date: 2024

Journal: Journal of Advanced Nursing

Abstract: AIMS: This article aimed to examine the concept of safeguarding adults and establish an operational definition for application to practice, research and policy. DESIGN: Rodgers' evolutionary and inductive method of concept analysis was used. DATA SOURCES: A systematic search was conducted across four electronic databases, CINAHL, PsycINFO, Scopus and PubMed, covering the period from January 2014 to May 2023. This systematic database search aimed to gather a broad spectrum of research and scholarly literature to inform and support the concept analysis. A total of 10 peer-reviewed articles were reviewed using a data chart to identify the context, definitions, antecedents, attributes and

consequences of safeguarding adults. **RESULTS:** The analysis of the included articles helped to develop a better understanding of safeguarding adults by offering a practical operational definition tailored to the specific needs of practising nurses. The implications for practice, research and policy are discussed, highlighting the potential for improving the quality of care and ensuring the well-being of adults at risk of abuse. **CONCLUSION:** By employing Rogers' evolutionary concept analysis method, we developed a deeper insight into safeguarding adults in health care. A synthesis of literature revealed the intricate layers and adaptations within safeguarding practices. This concept analysis lays the groundwork for future research, policy development and educational initiatives, enhancing the well-being and safety of adults at risk of abuse within care. **IMPACT:** By undertaking a concept analysis of the term safeguarding adults' nurses can be more prepared to engage in and reinforce the key principles of safeguarding adults, providing guidance to ensure the protection and well-being of adults at risk of abuse. **PATIENT OR PUBLIC CONTRIBUTION:** Not applicable. **WHAT THIS PAPER CONTRIBUTES TO THE WIDER BODY OF KNOWLEDGE:** This concept analysis helps to define and clarify the conceptual term 'safeguarding adults' promoting a shared understanding of the key components of adult protection and providing a comprehensive framework for assessment and management of adults at risk of abuse in this field of practice. Copyright © 2024 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.

11. Unravelling elder abuse through a human rights lens: a case study

Authors: Duffy, Anita;Connolly, Michael and Browne, Freda

Publication Date: 2024

Journal: British Journal of Nursing 33(16), pp. 772–777

Abstract: This article examines the connection between human rights and elder abuse, employing a human rights-based approach. Through a critical examination of a fictional case study on elder abuse, the discussion highlights the vital role of nurses when safeguarding the rights of older individuals in residential care settings. The PANEL framework – encompassing Participation, Accountability, Non-discrimination, Empowerment and Legality – is a comprehensive guide for safeguarding practice and is applied to the example provided. By applying this human rights-based approach, nurses can proactively address elder abuse, ensuring individuals' rights are protected, promoted and supported. Through accountability measures, non-discriminatory practices, empowerment strategies and adherence to legal standards, the authors advocate for a holistic approach to enhance the quality of care and foster a safe environment for older adults.

12. Psychosocial, pharmacological, and legal interventions for improving the psychosocial outcomes of children with substance misusing parents: A systematic review

Authors: Eggins, Elizabeth;Wilson, David B.;Betts, Joseph;Roetman, Sara;Chandler-Mather, Ned;Theroux, Bronwyn and Dawe, Sharon

Publication Date: 2024

Abstract: Background: Parental substance misuse is a pervasive risk factor for a range of detrimental outcomes for children across the life course. While a variety of interventions have been developed for this population, the existing evidence-base requires consolidation and consideration of the comparative effectiveness of different interventions to facilitate evidence-informed decisions between different intervention approaches. Objectives: This review aimed to use network meta-analysis to synthesise the comparative effectiveness of psychosocial, legal, and pharmacological interventions for improving outcomes for children with substance misusing parents. Network meta-analysis was not possible; however, we synthesised the effects of a broad range of interventions on child psychosocial outcomes. Another aim was to examine potential moderators of the effects, yet this was also not possible due to data limitations. A secondary objective was to qualitatively synthesise economic, treatment completion, and treatment acceptability information for included studies. Search Methods: Searches were performed in November 2020 and again in April 2021. Encompassing multiple disciplines, we searched 34 databases, 58 grey literature repositories, and 10 trial registers. Supplementary hand searches were conducted on 11 journals, along with harvesting the references of all included studies and existing reviews, and forward citation searching each report of all included studies. Study authors were contacted to obtain missing data. Selection Criteria: Eligible studies included randomised and quasi-experimental evaluations of psychosocial, pharmacological, and/or legal interventions using either a placebo, no treatment, waitlist control, treatment-as-usual, or alternative treatment as a comparison condition. Study participants needed to be comprised of families with children under the age of 18 with one or more currently substance-misusing parents (or caregivers). Studies were required to evaluate the eligible intervention using a child-focused psychosocial outcome. If reported in eligible studies, the following secondary outcomes were also synthesised in the review: cost-effectiveness, treatment completion, length of time in treatment and acceptability of treatment (e.g. participant perspectives of the intervention). There were no restrictions placed on publication status or geographic location, however only research written in English was included. Data Collection and Analysis: Standard methodological procedures were followed across all stages of the review, as guided by the published protocol for the review (Eggins et al. 2020). Due to the inability to conduct network meta-analyses, random effects pairwise meta-analyses with inverse variance were used to synthesise effects when two or more studies with conceptually similar interventions and outcomes were available. Results of the meta-analyses are displayed in forest plots, and separate analyses are provided for conceptually distinct outcomes and time-points of measurement. Sensitivity analyses are used to explore possible sources of heterogeneity in the absence of sufficient studies to conduct subgroup analyses. Main Results: 99 studies (reported in 231 documents) met review inclusion criteria, encompassing 22,213 participants. Most studies were conducted in the United States ($k = 76$), almost half were randomised controlled trials ($k = 46$), and the most common comparator was treatment-as-usual ($k = 50$). Interventions were evaluated using a large range of child psychosocial outcomes which broadly fell under: (a) child welfare; (b) child development; (c) child emotional and behavioural; and (d) educational domains. Intervention models were rarely only legal or pharmacological in nature, with most studies evaluating integrated psychosocial treatments with either pharmacology, coordinated health care, case-management, and/or judicial or child welfare oversight and coordination. Thirty-six meta-analyses and 227 single effect sizes were used to appraise the effectiveness of included interventions, based on 68 studies with sufficient data for effect size calculation. The size and

direction of the effects varied across interventions, type of outcomes, and time-point of measurement. Twenty-seven meta-analyses and 186 single effect sizes suggested null effects. Only five single effect size estimates based on three studies indicated negative effects including: higher depressive and somatisation symptoms (parent-report), hopelessness (child-report), educational achievement difficulties (parent-report), and substantiated child protection reports for those engaged with interventions versus treatment-as-usual or no treatment. Nine meta-analyses and 36 single study effect estimates suggest that psychosocial, pharmacological and/or legal interventions have a positive effect on a range of specific child welfare, developmental, and emotional/behavioural outcomes for children. The risk of bias varied across domains and studies, which further lowers confidence in the results. Based on a subset of included studies, treatment completion tends to vary, yet cost-benefits can be achieved when intervening with children whose parents misuse substances. Authors' Conclusions: Despite a large body of evaluation evidence, disparate outcomes, and missing data precluded analyses to formally examine the comparative effectiveness of psychosocial, legal, and pharmacological interventions for improving outcomes for children with substance misusing parents. The large amount of unreported (missing) data meant that many effect estimates were underpowered due to single studies and small sample sizes. The review findings suggest that interventions for families affected by parental substance misuse can be effective when they holistically address multiple domains such as parent wellbeing/mental health, parenting, children's wellbeing, and/or other factors impacting family wellbeing (e.g. housing).

13. Coping strategies and psychological resilience of parents with children victimized of sexual abuse: A cross-sectional descriptive study

Authors: Emirza, Elif Güzide and Bayrak, Nurten Gülsüm

Publication Date: 2024

Journal: Journal of Pediatric Nursing 78, pp. 21–30

Abstract: The aim of this study is to assess the coping strategies and psychological resilience of parents of children who are victims of sexual abuse. The study's sample was compiled from parents of sexually abused children admitted to the Child Advocacy Centre for forensic interviews in a Northern Turkish province (N = 75). Data were collected from May to September 2022. A cross-sectional design was used to assess psychological resilience and coping skills. The Introductory Information Questionnaire, the Strategies for Coping with Family Stressors Scale, and the Psychological Resilience Scale for Adults were administered verbally during individual interviews. The study was approved by the institutional ethics committee. According to the results, the psychological resilience and coping skills of parents played a significant role, particularly concerning touch-based abuse, a single occurrence of abuse, and the absence of family violence. Moreover, there was a positive correlation between coping skills with stressors and psychological resilience ($p < 0.05$). In conclusion, empowering parents of children exposed to abuse proves crucial for reducing the traumatic impact on the victimized child. Further research, identifying risk factors for both the child and the family, and strategizing follow-up, educational, and counseling initiatives can enhance the provision of holistic health services in this context. This study emphasizes the need to restructure issues of not only trauma in children who are victims of sexual abuse but also coping skills and

psychological resilience in parents within nursing approaches aimed at children who are victims of sexual abuse. • Child abuse is a traumatic condition that disrupts the physical and mental health of a child. • It is known that parents whose children are subjected to sexual abuse also struggle to cope with this situation. • Evaluating the coping skills and psychological resilience of parents whose child is a victim of sexual abuse is important.

14. "Mimics" of Injuries from Child Abuse: Case Series and Review of the Literature

Authors: Focardi, Martina;Gori, Valentina;Romanelli, Marta;Santori, Francesco;Bianchi, Ilenia;Rensi, Regina;Defraia, Beatrice;Grifoni, Rossella;Gualco, Barbara;Nanni, Laura and Losi, Stefania

Publication Date: 2024

Journal: Children (Basel, Switzerland) 11(9)

Abstract: The phenomenon of child abuse/maltreatment is underestimated and often represents a difficult challenge for healthcare professionals and forensic pathologists who must proceed with the differential diagnosis with accidental or self-induced events, or with lesions due to pathologies that overlap with that of mistreatment, defined as "Mimics". This study presents a case series with the aim of discussing lesions that may mimic signs of physical abuse in children but are due to a different etiology to raise awareness and train healthcare professionals and forensic pathologists on possible confounding factors in order to avoid diagnostic errors. Six cases of "Mimics" out of 418 cases of suspected mistreatment (1.43% of cases) were identified, presenting skin lesions initially classified as injuries of abuse due to their location and type and, in particular, sexual abuse for three cases. Then, the lesions and the subjects, in particular the anamnestic history, were examined by a multidisciplinary team and the diagnosis of genital lichen sclerosus et atrophicus in three cases, and the results of popular healing techniques (i.e., "cupping") in the other three cases were ascertained. These situations require specific skills and a forensic background from healthcare professionals to conduct a correct differential diagnosis and the intervention of a multidisciplinary team to investigate every possible pathology or alternative therapeutic practice that could simulate child abuse. In particular, when "mimics" are due to alternative medicine, it should not strictly be considered child abuse, but professionals must be aware of the hypothesis of mistreatment in case of non-medical indication or potential personal injuries from other crimes, such as illegal practice of the medicine. This awareness is also crucial to direct the child toward appropriate medical care, and it is essential to recognize that these conditions can coexist within the same clinical presentation.

15. Care-experienced young people's views and experiences of accessing general practice and dental services and attending health reviews in England: a qualitative study

Authors: Herlitz, Lauren;Ashford, Emily;Baldwin, James;Powell, Claire and Woodman, Jenny

Publication Date: 2024

Journal: BMC Primary Care 25(1), pp. 1–13

Abstract: Background: Children in care and care leavers have worse health outcomes than their peers without care experience. This study addresses an evidence gap in exploring care-experienced young people's views and experiences of accessing general practice and dental services and attending health reviews in England. Methods: We conducted a qualitative study using podcasting as a creative medium. We recruited young people from two sites: one in South England (A) and one in greater London (B). We held two paired discussions in site A and two focus groups in site B, with 14 participants in total. Participants were aged between 13 and 22 years and were diverse in gender, ethnicity, and care experiences. Data were analysed thematically using candidacy theory as a theoretical framework. Results: Mental health was a prevailing concern for participants, but general practice was not considered a place to discuss it. Most participants reported distant relationships with primary healthcare professionals and considered opening-up to a professional to be risky, for example, it could result in an unknown/unwanted outcome. A lack of time and personal connection in appointments, and experiences of feeling judged, dismissed, or misunderstood, hindered young people's ability to disclose mental health or relationship concerns. Participants reported variation in the timeliness and location of services, with salient examples of extensive waiting periods for braces. Participants perceived annual health reviews to be largely inconsequential. Conclusions: Any primary care presentation by a care-experienced young person should trigger additional professional curiosity. To build rapport and trust, professionals should not underestimate the power of active listening, being reliable and honest, and small acts of thoughtfulness, for example, ensuring medical letters are provided promptly. Carers and other trusted professionals should help care-experienced young people to understand the role of primary care and support them with access. Health reviews may not be of value to all young people in care. Further research is needed to examine primary healthcare access for care-experienced young people with significant safeguarding and healthcare needs.

16. Best Practices in the Nursing Care of Patients With Injuries From Violence: An Integrative Review

Authors: Hickey, Johannah; White, Mackenzie and Gantz, Sarah

Publication Date: 2024

Journal: Critical Care Nurse 44(5), pp. 32–41

Abstract: Background: The number of patients who have experienced violence is increasing worldwide. These patients have specific psychosocial and forensic needs and can present unique challenges to the health care workers caring for them.; Objective: To identify best practices for the care of patients with injuries from violence in the emergency department or inpatient setting.; Methods: The framework for integrative reviews by Whitemore and Knafel was used to conduct a literature search in MEDLINE, CINAHL, and ProQuest Nursing and Allied Health databases. Fourteen qualitative, quantitative, and mixed-methods studies from peer-reviewed journals were included in the review.; Results: Themes included identifying patients as survivors of intimate partner violence or child abuse, the need to collect forensic evidence, the need for emotional support of patients and their loved ones, support for health care workers caring for patients with injuries from violence, prevention of further violence, and the challenges of caring for patients with injuries from violence with concurrent substance use disorders. Best practices for these aspects of care are summarized on the basis of literature

analysis.; Conclusion: Screening procedures are needed to identify survivors of intimate partner violence and child abuse. Forensic evidence preservation policies should be in place. For survivors of sexual assault, a sexual assault nurse examiner should be available. Hospital systems should provide psychosocial resources for patients' and health care workers' mental health, implement violence reduction programs, and provide bias training. More research is needed to determine efficacy of care models and best practice. (©2024 American Association of Critical-Care Nurses.)

17. Making sense of drug use and dependence-A scoping review of mass media interventions intended to reduce stigma towards people who use drugs

Authors: Holland, Adam;Freeman, Tom P.;Nicholls, James;Burke, Chloe;Howkins, Joshua;Harris, Magdalena;Hickman, Matthew;Attwood, Angela;Carlisle, Vicky;Krykant, Peter and Maynard, Olivia M.

Publication Date: 2024

Journal: The International Journal on Drug Policy 132, pp. 104543

Abstract: Background: People who use drugs face entrenched stigma, which fosters shame, restricts service access, and exacerbates inequalities. The use of mass media in anti-stigma interventions offers an opportunity to challenge stigmatising attitudes at scale. There are, however, inconsistencies in messaging approaches used in mass media anti-stigma interventions, and how authors conceptualise and measure 'stigma'.; Methods: This scoping review maps literature on the development and/or evaluation of mass media interventions intended to reduce stigma towards people who use drugs. We systematically searched seven databases for reports about: (i) people who use drugs, (ii) stigma, (iii) mass media. We charted data about intervention (i) subjects and recipients, (ii) format, (iii) authors, (iv) content; and (v) conceptualisation and measurement of stigma. We narratively synthesised findings with qualitative content analyses.; Results: From 14,256 records, we included 49 reports about 35 interventions. 25/35 were from the last five years and 19/35 were from the United States. Intended recipients included the public and/or specified sub-populations, often including healthcare workers. Most interventions were intended to reduce stigma towards people with patterns of drug use perceived to be problematic, as opposed to people who use drugs in general. Interventions ranged from single pieces of media to complex multi-format campaigns. People who use(d) drugs contributed to 22/35 interventions. Professionals working in medical disciplines co-authored 29/35 interventions. Intervention content often had a medical focus, describing dependence as a 'disease' or medical issue, and emphasised the benefits of recovery. Other interventions, however, criticised medical framings. In some interventions drug use and people who use drugs were described in markedly negative terms. 'Stigma' was often under-theorised, and measurement approaches were inconsistent, with 42 instruments used to measure phenomena associated with stigma across 19 quantitative evaluations.; Conclusion: We found inconsistencies in approaches to reduce and measure stigma, potentially reflecting different motivations for intervention development. The primary motivation of many interventions was seemingly to promote drug service engagement and recovery.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: The authors declare that they have no known competing financial interests that could have

appeared to influence the work reported in this paper. They report the following personal relationships which may be considered as potential competing interests: AH is Co-Chair of the Faculty of Public Health Drugs Special Interest Group; he volunteers for the Loop (a drug checking organisation); is a member of the Drug Science Enhanced Harm Reduction Working Group; and in the last three years was Associate Director of International Doctors for Healthier Drug Policies. MHi is a Trustee of the Society for the Study of Addiction. AA is a co-investigator on the NIHR Addictions Policy Research Unit. PK works for Cranstoun, a third sector provider of services for adults and young people facing difficulties with alcohol and other drugs, domestic abuse, housing, and criminal justice. (Copyright © 2024 The Author(s). Published by Elsevier B.V. All rights reserved.)

18. Stress, child-caregiver disability, and family dysfunction characteristics contributing to child abuse and maltreatment recurrence: a structural equation model

Authors: Hollar, David W.

Publication Date: Oct ,2024

Journal: Children's Health Care 53(4), pp. 350–373

Abstract: Child abuse, neglect, and maltreatment (CANM) represents a significant public health threat. The study's goal was to identify factors contributing to CANM and its high recurrence. We utilized 2019–2020 National Child Abuse data to test a structural equation model of Child/Caregiver Disability variables; Home Instability variables; and CANM recurrence. We hypothesized a six-factor model with Home Instability as a mediator. Of 1,221,176 victims, 29.9% had a prior victimization. A four-factor, mediational structural equation model showed strong fit (GFI = 0.946, NFI = 0.919) and was superior to alternative models. The study provides a framework for community leaders to reduce CANM.

19. The spectrum of concern for medical child abuse among adolescents with chronic pain due to central sensitisation

Authors: Johnson, Katie L.;Tham, See Wan;Brown, Emily C. B.;Walco, Gary A.;Feldman, Kenneth W.;Wiester, Rebecca T.;Wilkins, Stephanie N. and Campbell, Kristine A.

Publication Date: 2024

Journal: Child Abuse Review (Chichester, England : 1992) 33(1)

Abstract: Adolescents with chronic pain can at times present with disability out of proportion to diagnostic workup. This is also a defining feature of medical child abuse (MCA). The aim of this study was to identify themes from the clinical narratives of adolescents with chronic pain that may indicate concern for MCA. This qualitative, retrospective study at an academic children's hospital between 2011 and 2019 identified 37 adolescents aged 13-18 years old with chronic pain and varying levels of concern for MCA. Conventional, inductive content analysis was used to identify themes from the medical records of all patients, which were reviewed by an interdisciplinary panel of experts. Themes were organised into three tiers related to the level of concern for MCA: 'Green zone' themes including fatigue or sleep

problems, psychosocial distress, and social withdrawal were common among all patients. 'Yellow zone' themes including fragmented care, caregiver catastrophising, caregiver misrepresentation, medical provider exasperation, and sick identity were more common among patients in whom medical providers raised concern for MCA. A single 'red zone' theme, reportable harm to the child, was only present in patients diagnosed by a child abuse paediatrician as having MCA. A visual display of the results is provided for further research and clinical application.; Competing Interests: CONFLICT OF INTEREST STATEMENT The authors report no conflicts of interest related to this work.

20. Learning not blame: reflections on staying on the right side of the line for a Safeguarding Adults Review

Authors: Lloyd-Smith, Walter

Publication Date: 2024

Journal: Journal of Adult Protection 26(4), pp. 161–169

Abstract: Purpose: The author will describe the operational tasks of S.44's statutory mandate: for example, commissioning the review; being responsive to the representatives of the relevant agencies concerned; securing pharmacological/medical advice; adding Ben's death to the review; engaging with relatives; and ensuring that "lessons" were foregrounded. How the review was set up/recognising the standout features from the beginning/managing the situation when an agency is withholding information/"drip feeds" information into the review; navigating/steering the Safeguarding Adults Review (SAR) alongside other processes – police/inquest/Care Quality Commission. Design/methodology/approach: This practice paper describes the experiences of coordinating a complex SAR into the deaths of three adults at Cawston Park Hospital in Norfolk. Findings: The system insights that SARs give us prompt exploration of how to inject this learning into current discourse on how we better protect the most vulnerable in our communities. Originality/value: The purpose of this paper is to explore the process and requirements of conducting a complex SAR from the perspective of a safeguarding adults board manager. It will be of interest to anyone who is involved in SARs, in particular safeguarding adult board chairs, board managers, members of SABs and SAR authors as management of SAR is one of the three statutory duties of a SAB.

21. Yield of skeletal surveys in national network of child abuse pediatricians: Age is key

Authors: McNamara, Caitlin R.;Wood, Joanne N.;Lindberg, Daniel;Campbell, Kristine A.;Poston, Spencer;Valente, Matthew;Antonucci, Maria;Wolford, Jennifer;Coombs, Carmen;Sahud, Hannah;Clarke, Jennifer;Brink, Farah W.;Bachim, Angela;Frasier, Lori D.;Harper, Nancy S.;Melville, John D.;Laub, Natalie;Anderst, James and Berger, Rachel P.

Publication Date: 2024

Journal: Child Abuse & Neglect 157, pp. 106992

Abstract: Background: Skeletal surveys (SS) are recommended for the evaluation of suspected physical abuse in children <2 years old. No guidelines exist for SS completion in

children between 2 and 5 years old.; Objective: To determine rates of SS completion by age and examine variables associated with occult fracture identification in older children.; Participants and Setting: Observational cross-sectional multi-center study of 10 US pediatric centers 2/2021-9/2022 including children <6 years old evaluated for physical child abuse.; Methods: The principal outcome is occult fracture identified on SS. Non-parametric tests were conducted from comparison between age groups and those with and without occult fractures.; Results: The rate of SS completion declined with increasing age from a high of 91 % in infants <6 months old to 7 % in children 5-5.9 years old. The proportion of SS with occult fractures also decreased with age. Of 450 children 2-5 years old with a SS, 20.4 % (95 % CI: 3-8 %) had an occult fracture. The rate of occult fractures among children 2-5 years old who were diagnosed with abuse and not admitted to the hospital was 0.3 % (95 % CI 0-0.6 %). Over 30 % of children 2-5 years old were diagnosed with child abuse by a child abuse pediatrician without completion of a SS.; Conclusion: In children 2-5 years of age being evaluated for physical abuse, use of SS and the rate of occult fractures is low. The number of SS performed in children in this age group could potentially be decreased by up to 60 % by limiting SS to children admitted to the hospital. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

22. Acute Health System-Level Interventions for Identification and Management of Domestic Abuse: Preliminary Interrupted Time Series Evaluation

Authors: Melendez-Torres, G.;Hepworth, E.;Sloane, V.;Jackson, S.;Nicholas, R. and Cohen, C. E.

Publication Date: 2024

Journal: Violence and Victims

Abstract: This preliminary interrupted time series analysis evaluated different interventions to improve identification of victim-survivors of domestic abuse in one U.K. National Health Service trust, focusing on emergency department, sexual health services and HIV care, and obstetrics and gynecology. This analysis demonstrated that while system-level interventions can improve identification of domestic abuse in clinical contexts, the exact nature of interventions most likely to be effective may vary in different clinical contexts. For example, none of the modeled interventions generated significant impacts in emergency department contexts, and estimates were close to the null in all cases, but routine inquiry demonstrated effectiveness in sexual health services, while implementation generated improved effectiveness in the obstetrics and gynecology setting. (© 2024 Springer Publishing Company.)

23. The impact of institutional child abuse: A systematic review using Reflexive Thematic Analysis

Authors: Ozanne, Rebecca;Ireland, Jane L.;Ireland, Carol A. and Thornton, Abigail

Publication Date: 2024

Journal: Aggression & Violent Behavior 78, pp. N.PAG

Abstract: Institutional child abuse has several negative impacts, including effects on mental health, well-being and interpersonal relationships. There is a need to understand this complex form of abuse occurring in an out-of-home setting. The current review aims to understand the literature base regarding the impact of institutional child abuse and to identify areas where further research is needed. Consequently, a systematic review was conducted, which captured quantitative and qualitative methods. This resulted in 58 papers being included. The papers captured the impacts of institutional abuse, covering physical abuse, sexual abuse, emotional abuse and neglect (i.e., a failure to be adequately cared for). These were then analysed using a qualitative methodology, specifically Reflexive Thematic Analysis. Several factors, such as prior abuse, were reported to exacerbate the impact of institutional abuse, whereas secure attachment was noted as a protective feature. Responses to disclosure appear to have an important role in recovery. Areas important for further research included understanding the role of protective factors and how they impact future outcomes, but to do so alongside an acknowledgement and greater exploration of negative impacts. • Diversity in impact is clearly evidenced, alongside complexity in presentation. • Pre-existing factors, including availability of protective factors, appear as important correlates with later mental health challenges. • A role for disclosure as a unique feature is indicated. • An absence of longitudinal research into impacts is evidenced. • The research field uses considerable diversity in method, with resulting varied quality.

24. What progress has resulted since the Safeguarding Adults Review concerning the deaths of Joanna, Jon and Ben?

Authors: Roach, Heather

Publication Date: 2024

Journal: Journal of Adult Protection 26(4), pp. 203–207

Abstract: Purpose: The author, who is Chair of Norfolk's Safeguarding Adults' Board (SAB) reflects on the impact of a Safeguarding Adults Review (SAR) and the actions that resulted. The purpose of the paper is to provide an insight into a significant SAR and the resulting actions designed to change practice. Design/methodology/approach: The actions illuminate the power of hospitals and politicians over people's lives. It took the deaths of three young adults with learning disabilities, in a hospital, to move beyond the status quo and organise some very different service responses. Findings: "Progress summits" have considered local and national actions. There have been important gains and setbacks, including the delayed reform of the Mental Health Act. Despite uncertainties, SAB can be detonators to listening and taking action. Originality/value: This is a unique insight into the impact of a Safeguarding Adults Review and the actions that resulted from this.

25. Does child abuse predict a population segment with large economic burden?

Authors: Runze, Jana;Overbeek, Geertjan;Luik, Annemarie I. and Have, Margreet Ten

Publication Date: 2024

Journal: Public Health 236, pp. 347–353

Abstract: Objectives: The enormous societal and individual consequences of mental health disorders and detrimental health behaviours in the general population are of paramount concern. Many argue that 'prevention is the best cure', pushing for the implementation of early (preventive) interventions. Key questions regarding early interventions include which population segment to target for screenings and what information these screenings should focus on. In line with previous efforts, this study aimed to identify which population segment holds the majority ($\geq 80\%$) of different economically costly outcomes in society, and whether child abuse before the age of 16 years predicts being part of that population segment.; Study Design: Epidemiological cohort study.; Methods: This study used the Netherlands Mental Health Survey and Incidence Study-2, a Dutch epidemiological cohort study including 6646 adults aged 18-64 years at baseline, spanning four timepoints from 2007 to 2018. Cumulative distributions were computed to identify high-cost population segments of economically costly outcomes in adulthood (i.e., mental and physical health behaviours], unemployment and work absenteeism). Child abuse was examined as a potential predictor of these segments and the risk of multiple high-cost population segment membership was investigated by conducting Poisson regressions.; Results: A 20 % population segment carried between 42 % and 100 % of economically costly outcomes. Being exposed to more child abuse predicted being in a high-cost population segment, albeit with small effect sizes. Being exposed to more child abuse also predicted belonging to multiple high-cost population segments across different economically costly outcomes.; Conclusions: The study findings have implications for policy makers. Emphasis should be placed on prevention aimed at identifying potential members of multiple high-cost population segments. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

26. Development and Validation of the Adolescent and Children Risk of Abuse and Maltreatment Unaccompanied Scale (ACRAM-US)

Authors: Samper, Paula;García-Mollá, Adrián;Tomás, José,M. and Marco-Arocas, Elisabet

Publication Date: 2024

Journal: Journal of Child & Adolescent Trauma 17(3), pp. 767–776

Abstract: Independent migration of children and adolescents is becoming a political and social issue in recent years. Literature documents that the migration process of young people without an adult referent entail serious psychological problems. Moreover, the lack of coherence in the assessment and care processes aggravates the damage suffered by minors, which requires a greater investment of institutional resources. The aim of this research is to describe the development and provide psychometric properties of Adolescent and Children Risk of Abuse and Maltreatment Unaccompanied Scale (ACRAM-US), a 9-items scale for the assessment of risks factors of child abuse and neglect in the specific population of unaccompanied asylum-seeking children and adolescents. Structural validity, reliability and convergent-related validity were studied for this measure in a sample of 128 unaccompanied children and adolescents. The sample included cases of 14 different nationalities. Children's mean age was 16.94 (SD = 1.84), and 96.9% were male and 3.1% were female. Cases were informed by child welfare workers from different protective services in the XXXX Community (XXXX). The results of Exploratory Factor Analyses (EFA) indicate performance better solution with 2-dimensions which was also in line with theoretical formulation ($\chi^2 = 31.55$, $df = 19$, $p = .035$, CFI = 0.991,

SRMR = 0.081, RMSEA = 0.072, 90% CI: 0.019 - 0.115]). Results of convergent validity showed significant correlation with the Children Trauma Questionnaire-Short Form (CTQ-SF). Therefore, this study provides data of the first scale that assess risks factors of maltreatment for the unaccompanied asylum-seeking children and adolescents.; Competing Interests: Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest. (© The Author(s) 2024.)

27. Unraveling the Concept of Childhood Adversity in Psychosis Research: A Systematic Review

Authors: Sætren, Sjur,S.;Bjørnstad, Jone,R.;Ottesen, Akiah A.;Fisher, Helen L.;Olsen, Daniel A. S.;Hølland, Kari and Hegelstad, Wenche ten Velden

Publication Date: 2024

Journal: Schizophrenia Bulletin 50(5), pp. 1055–1066

Abstract: Background During the last decades, an abundance of studies has investigated childhood adversity in relation to psychosis. This systematic review critically examines the methodologies employed to investigate childhood adversity in psychosis over the past decade, including operational definitions, measurement tools and characteristics, and psychometric properties of instruments used in these studies. Study Design This systematic review followed the PRISMA guidelines (registration number CRD42022307096), and the search used the following electronic databases: PsychINFO, SCOPUS, Web of Science, African Index Medicus (AIM), LILACS, CINAHL, EMBASE, and MEDLINE. The search included variations and combinations of the terms targeting childhood adversity and psychosis. Study Results Out of 585 identified studies published between 2010 and 2023, 341 employed a validated instrument to investigate childhood adversity. Our findings show "childhood trauma" being the most frequently examined construct, followed by "child maltreatment" or "child abuse." The short version of the Childhood Trauma Questionnaire was the dominant instrument. Physical abuse, emotional abuse, and sexual abuse were most frequently investigated, and indeed the field appears generally to focus on child abuse and neglect over other adversities. Significant psychometric heterogeneity was observed in the selection and summarization of instrument items, with only 59% of studies documenting original psychometric validation and 22% reporting reliability in their datasets. Conclusion This review highlights substantial methodological heterogeneity in the field, pointing out biases in the research on childhood adversity and psychosis. These findings underline the need for standardized definitions and high-quality measurement tools to enhance the validity of future research in this area.

28. Acceptability and feasibility of trauma- and violence-informed care for intimate partner violence

Authors: Tiyyagura, Gunjan;Leventhal, John M.;Schaeffer, Paula;Gawel, Marcie;Crawley, Destanee;Frechette, Ashley;Reames, Sakina;Carlson, Cindy;Sullivan, Tami and Asnes, Andrea

Publication Date: 2024

Journal: Child Abuse & Neglect 157, pp. 107068

Abstract: Background/objectives: Intimate partner violence (IPV) and child physical abuse frequently co-occur, yet IPV-exposed children are not routinely evaluated for abuse. Furthermore, IPV survivors often seek care for their children but not for themselves, making pediatric visits an opportunity to address IPV. We developed a trauma- and violence-informed care (TVIC)-based model that 1) evaluated IPV-exposed children and 2) linked survivor-caregivers to an IPV advocate. We aimed to assess the feasibility and acceptability of the model.; Participants: Children < 3 who were reported to Child Protective Services (CPS) for exposure to IPV and their survivor-caregiver.; Methods: To examine feasibility, we calculated the percentage of 1) eligible children evaluated and 2) caregivers who met with an IPV advocate during the child's visit and followed up with the advocate. To assess acceptability, we conducted qualitative interviews with 30/41 caregivers about their perceptions of the model.; Results: From 7/1/20-6/30/22, 49 (22.7 %) of 216 eligible children were evaluated. Of 41 caregivers, six already were receiving IPV services; Of the remaining 35, 24 (68.6 %) met with an IPV advocate, and 22 (91.7 %) had ≥ 1 follow-up visit with an advocate. We identified three themes: 1) Motivations for the visit, 2) Engagement with the model, and 3) Benefits. Caregivers attended the visit due to behavioral concerns about the child and a desire to comply with CPS. Engagement occurred as medical providers established rapport and provided support without judgment. Benefits included recognizing the impact of IPV on the child and immediate linkage to advocacy services.; Conclusion: A TVIC-based model is feasible and acceptable and could improve caregivers' engagement with the evaluation of IPV-exposed children for abuse and with IPV services, which have the potential to improve safety and promote well-being.; Competing Interests: Conflict of interest Andrea Asnes reports that the Department of Pediatrics receives payment for her expert testimony in child abuse cases and that she receives grants from the State of Connecticut to support the Yale Child Abuse Programs. The other authors report no other financial or ethical conflicts of interest. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

29. Male Survivors of Institutional Child Sexual Abuse: A Review

Authors: Wyles, Paul;O'Leary, Patrick;Tsantefski, Menka and Young, Amy

Publication Date: 2024

Journal: Trauma, Violence & Abuse , pp. 15248380241277272

Abstract: Male child sexual abuse is over-represented in institutional settings. This realization has increasingly come into public focus in recent decades initially through lived experience, often with male survivors' stories told in the media and subsequently through court cases and government inquiries. Beginning at the turn of the century with the Irish Commission to Inquire into Child Abuse (1999-2009), numerous national and state inquiries into institutional child abuse followed around the world. This scoping review asks the question: What is known from the research about the institutional child sexual abuse of males? Conducted in 2023 five databases were used (APA PsycINFO, CINAL, Medline, Scopus, Web of Science) producing 973 studies for screening. Applying the Arksey and O'Malley framework resulted in 29 studies meeting the inclusion criteria, which were analyzed. Of the 29 studies, 27 could be categorized into 3 broad areas of focus: survivor experience, impact, and disclosure. Two further studies

considered: turning points and meaning making. The findings are discussed under the following headings: disclosure, impacts (emotional, mental health, alcohol, and other impacts), and what is helpful to victim/survivors. Implications for practice, policy, and research are examined along with limitations of the current research.; Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

30. Effectiveness of Parent–Child Interaction Therapy for Maltreated Families: A Meta-Analysis of Randomized Controlled Trials

Authors: Zhang, Huiping;Wang, Weiwei and Li, Zihui

Publication Date: 2024

Journal: Trauma, Violence & Abuse 25(4), pp. 2689–2702

Abstract: This meta-analysis evaluated the effectiveness of Parent–Child Interaction Therapy (PCIT) for maltreated families and examined potential moderators associated with the intervention. Seven English electronic databases (PubMed, PsycINFO, Web of Science, MEDLINE, Scopus, Cochrane Library, and ProQuest Dissertations and Theses Global) were systematically searched to identify randomized controlled trials (RCTs) published before January 20, 2023. Eleven studies involving 1,069 maltreated or high-risk families were included in the meta-analysis. Our results showed that PCIT significantly reduced child externalizing behaviors, improved parenting skills, and decreased parenting stress and child abuse potential in maltreated families. Additionally, families with confirmed maltreatment history reported larger effect sizes across all outcomes than those at high risk of maltreatment; parenting skills outcomes were more effective in adapted PCIT versions, using per-protocol analysis, and American caregivers, whereas none of the outcomes were related to the number of sessions. These findings provide encouraging evidence for the use of PCIT as an intervention for families with a history of maltreatment, although more high-quality RCTs are required to confirm its effects.

31. The mediating role of nurses' attitude towards reporting child abuse and neglect

Authors: Zusman, Nurit;Koton, Silvia;Tabak, Nili and Kienski Woloski Wruble, Anna C.

Publication Date: 2024

Journal: Journal of Pediatric Nursing 78, pp. 106–111

Abstract: Attitudes towards reporting child abuse and neglect play a significant role in determining the tendency to report abuse and neglect. In addition, Cognitive Response Theory (Shen, 2020) suggests that individuals actively process messages by producing pro and/or counter arguments referred to as "Gain – loss thoughts". However, literature positioning the variable, attitudes towards reporting, as a mediator, as well as its importance, are limited. The purpose of the study was to investigate the mediating effect of pediatric nurses' attitudes between "gain-loss thoughts" and the tendency to report child abuse and neglect. A cross-sectional study examined 124 pediatric nurses working in central Israel's hospital departments

concerning nurses' tendency to report (tendency to report = TTR), attitudes towards reporting, and "gain-loss thoughts" (positive and negative consequences for the child). Most of the nurses had professional experience of 11 years or more (n = 75; 62.5%). According to the findings, nurses' attitudes towards reporting mediate the effect of gain-loss on the TTR child abuse and neglect. Findings from this study contributed to our understanding of the importance of pediatric nurses' attitudes in determining the TTR abuse and neglect. Only nurses' positive attitudes towards reporting child abuse had a mediating effect on TTR. Understanding the importance of attitudes and gain-loss thoughts can serve as a strategy for training programs and in the assimilation of reporting obligations by health professionals in general and nurses in particular. • Attitudes play a crucial role in reporting abuse and neglect. • A survey examining reporting tendencies, attitudes, and "gain-loss" thoughts. • The effect of gain-loss on reporting is mediated by attitudes towards reporting.

Sources Used:

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

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