

# Safeguarding

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### February 2025

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### 1. The Impact of Domestic Violence and Sexual Assault on Family Dynamics and Child Development: A Comprehensive Review

**Authors:** Brockstedt, Matthias;Uğur Baysal, Serpil and Daştan, Kadir

**Publication Date:** 2025

**Journal:** Turkish Archives of Pediatrics 60(1), pp. 5–12

**Abstract:** This review synthesizes current research on domestic violence and sexual assault, focusing on their short-term and long-term effects on family dynamics, particularly on the development and well-being of children and adolescents. The article employs a curated body of literature, including surveys, reviews, program evaluations, and international health reports, to elucidate the direct and collateral damage caused by such trauma within families. The review critically examines the intersecting consequences of abuse, including immediate psychological distress and long-term socio-economic and educational disruptions for affected youths. Additionally, the review examines structural impediments and cultural intricacies that shape reporting practices and access to support services. The role of civil legal aid and victim advocacy in promoting survivor safety and justice is discussed, supported by findings from service evaluation studies. The review also addresses the exacerbating effects of the Coronavirus pandemic on domestic violence rates and service provision, noting increased occurrences of domestic abuse and decreased pursuit of urgent care and support, highlighting research conducted from the pandemic's start through 2023. Emergent studies reveal a rise in domestic abuse occurrences and a decline in urgent care and support pursuit, emphasizing the need for adapted intervention strategies. The review offers evidence-based

recommendations for policymakers, healthcare providers, and community organizations, stressing the necessity of persistent and collaborative efforts to address and prevent domestic violence. The ultimate goal is to advocate for a stronger international response to repair harm and prevent future occurrences, ensuring a safer environment for all family members, particularly children and adolescents.

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## **2. Hidden Trauma: An Analysis of the Identification of Contusions on Different Skin Tones**

**Authors:** Du, Lydia R.;Waters, David M.;Reynolds, Meredith A. and Gitto, Lorenzo

**Publication Date:** 2025

**Journal:** The American Journal of Forensic Medicine and Pathology

**Abstract:** Abstract: While abrasions and lacerations are typically easily identified, darker pigmentation of the skin may obscure contusions. Forensic pathology literature shows a disproportionate number of illustrations of contusions on lighter skin tones compared to darker ones. Skin and soft tissue dissection is the most reliable method to confirm contusions. The authors seek to establish a correlation between skin tone and the visual identification of contusions, confirmed by soft tissue dissection. Additionally, they aim to determine the utility of specialized dissections for identifying contusions on different skin tones to identify cases that may benefit from such procedures. A review of cases from the Cook County Medical Examiner's Office from 2014 to 2024 was conducted. The office database was searched for deaths in custody, causes including "assault," and "child abuse." Autopsy photos were compiled into predissection and postdissection sets, reviewed for skin tone, visual identification of contusions, and final confirmation of soft tissue hemorrhage. Results found a negative association between skin color and accurate visual identification of contusions and determined that decedents with a skin tone of 7 or higher on the Massey-Martin scale may benefit from specialized dissections.; **Competing Interests:** The authors report no conflict of interest. (Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.)

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## **3. Identifying Risk Factors of Children Who Suffered Physical Abuse: A Systematic Review**

**Authors:** Flaherty, Alexandra;Ghandour, Samir;Mirochnik, Karina;Lucaciu, Andreea;Nassour, Nour;Kwon, John Y.;Harris, Mitchel B. and Ashkani-Esfahani, Soheil

**Publication Date:** 2025

**Journal:** Journal of the American Academy of Orthopaedic Surgeons. Global Research & Reviews 9(1)

**Abstract:** Background: Approximately 25% of children in the United States experience child abuse or neglect, 18% of whom are physically abused. Physicians are often in a position to differentiate accidental trauma from physical child abuse. Therefore, the aim of this study was to review recent literature for risk factors associated with physical child abuse.; **Methods:** In this systematic review, three electronic databases were searched for articles published in the

past 10 years, using the terms "abuse," "risk factors," and "children," with associated variations. A total of 1,568 articles were identified. A sequential screening process was conducted by two independent reviewers in each phase, and 63 articles were included in the final analysis. Data extraction was conducted, and a narrative synthesis was conducted.; Results: Sociodemographic risk factors of physical child abuse were younger age, male sex, African American or Hispanic race, nonprivate insurance, lower income, and lower maternal education. Other risk factors reported were previous reports of child abuse, birth defects, and developmental, musculoskeletal, intellectual, or mood disorders. Clinical and radiographic signs possibly indicative of child abuse included subdural hematoma, traumatic brain injury, retinal injury, bruising, superficial skin injury, lung injury, and fracture in skull, femur, clavicle, humerus, and foot.; Conclusion: The results of this systematic review provide insights into the potential risk factors that should be considered when assessing a child for physical abuse in the health care setting. (Copyright © 2025 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of the American Academy of Orthopaedic Surgeons.)

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#### **4. Evaluating Young Children With Fractures for Child Abuse: Clinical Report**

**Authors:** Haney, Suzanne;Scherl, Susan;DiMeglio, Linda;Perez-Rossello, Jeannette;Servaes, Sabah and Merchant, Nadia

**Publication Date:** 2025

**Journal:** Pediatrics 155(2)

**Abstract:** Fractures are common injuries in childhood and can be caused by unintentional injury, medical conditions, and child abuse. Although the consequences of failing to diagnose an abusive injury in a child can be grave, the consequences of incorrectly diagnosing child abuse in a child whose fractures have another etiology are also significant. This report aims to review recent advances in the understanding of fracture specificity, fracture mechanisms, and other medical conditions that predispose infants and children to fracture. This clinical report will aid pediatricians and pediatric care providers in developing an evidence-based differential diagnosis and performing appropriate evaluations when assessing a child with fractures. (Copyright © 2025 by the American Academy of Pediatrics.)

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#### **5. The Role of Psychopathology and Emotion Regulation in the Intergenerational Transmission of Childhood Abuse: A Family Study**

**Authors:** Nimphy, Cosima A.;Kullberg, Marie-Louise J.;Pittner, Katharina;Buisman, Renate;van den Berg, Lisa;Alink, Lenneke;Bakermans-Kranenburg, Marian;Elzinga, Bernet M. and Tollenaar, Marieke

**Publication Date:** 2025

**Journal:** Child Maltreatment 30(1), pp. 82–94

**Abstract:** Previous studies have shown that parents with a history of childhood abuse are at increased risk of perpetrating child abuse. To break the cycle of childhood abuse we need to better understand the mechanisms that play a role. In a cross-sectional extended family design

including three generations (N = 250, 59% female), we examined the possible mediating role of parental psychopathology and emotion regulation in the association between a history of childhood abuse and perpetrating child abuse. Parents' own history of childhood abuse was associated with perpetrating abuse toward their children, and externalizing (but not internalizing) problems partially mediated this association statistically. Implicit and explicit emotion regulation were not associated with experienced or perpetrated abuse. Findings did not differ across fathers and mothers. Findings underline the importance of (early) treatment of externalizing problems in parents with a history of childhood abuse, to possibly prevent the transmission of child abuse.

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## 6. Child Maltreatment Characteristics and Adult Physical Multimorbidity in Germany

**Authors:** Otten, Daniëlle;Schalinski, Inga;Fegert, Jörg M.;Jud, Andreas;Brähler, Elmar;Bürgin, David and Clemens, Vera

**Publication Date:** 2025

**Journal:** JAMA Network Open 8(1), pp. e2456050

**Abstract:** Importance: Associations between child maltreatment (CM) and health have been studied broadly, but most studies focus on multiplicity (number of experienced subtypes of CM). Studies assessing multiple CM characteristics are scarce, partly due to methodological challenges, and were mostly conducted in patient samples.; Objective: To determine the importance of CM characteristics in association with physical multimorbidity in adulthood for women and men in a German representative sample.; Design, Setting, and Participants: This survey study used data from a representative sample of the German population between July and October 2021. Households were randomly selected within regional areas by a German demographic consultation company, and the Kish-Grid method was applied to ensure random participation. Reasons for nonparticipation were refusal of the selected household or target person to participate and failure to contact a household after 4 visits. Analyses took place between June 2023 and July 2024.; Exposure: Characteristics of CM, including subtypes of CM, multiplicity, age at time of maltreatment (timing), number of years of experienced maltreatment (duration), frequency, and subjective severity (measured with the ISPCAN Child Abuse Screening Tools Retrospective version questionnaire).; Main Outcomes and Measures: The main outcome was physical multimorbidity, defined as the sum score of lifetime leading morbidity and mortality causes in Western countries (obesity, diabetes, cancer, hypertension, myocardial infarction, chronic obstructive pulmonary disease, and incident stroke). Conditioned random forest regression analyses (a machine learning regression technique) were conducted to examine what characteristics of CM were most importantly associated with physical multimorbidity in adulthood while considering all other variables in the model.; Results: Of 5908 individuals invited, the study sample included 2514 participants (response rate, 42.6%), with 1297 (51.6%) women (mean SD] age, 50.6 17.9] years) and 1217 (48.4%) men (mean SD] age, 49.5 18.2] years). Duration of CM was the most important factor for physical multimorbidity in adulthood for both women (importance = 0.595; 95% CI, 0.599-0.601) and men (importance = 1.389; 95% CI, 1.386-1.394). Duration and timing variables were more importantly associated with outcomes than multiplicity in women and men. For women, severity and experiencing CM at age 4 years was significantly associated with physical multimorbidity in adulthood. For men, experiencing CM at age 11 years was most importantly

associated with physical multimorbidity in adulthood.; Conclusions and Relevance: In this survey study, conditioned random forest regression analyses were applied to provide insights in the importance of duration and timing of CM for physical health in addition to the frequently studied multiplicity. These findings suggest that CM assessments should be considered in diagnostics of individuals with physical health conditions and may also inform strategies to mitigate the risk.

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## **7. Individual structural covariance connectome reveals aberrant brain developmental trajectories associated with childhood maltreatment**

**Authors:** Pang, Yajing;Zhao, Shanshan;Zhang, Zhiyuan;Xu, Jiaying;Gao, Lingyun;Zhang, Rui;Li, Zihui;Lu, Fengmei;Chen, Heng;Wu, Huawang;Chen, Meiling;Chen, Kexuan and Wang, Jiaojian

**Publication Date:** 2025

**Journal:** Journal of Psychiatric Research 181, pp. 709–715

**Abstract:** Background: The long-term impact of childhood maltreatment (CM) on an individual's physical and mental health is suggested to be mediated by altered neurodevelopment. However, the exact neurobiological consequences of CM remain unclear.; Methods: The present study aimed to investigate the relationship between CM and brain age based on structural magnetic resonance imaging data from a sample of 214 adults. The participants were divided into CM and non\_CM groups according to Childhood Trauma Questionnaire. For each participant, brain connectome age was estimated from a large-scale structural covariance network through relevance vector regression. Brain predicted age difference (brain\_PAD) was then calculated for each participant.; Results: The brain connectome age matched well with chronological age in young adults (age range: 18-25 years) and adults (age range: 26-44 years) without CM, but not in individuals with CM. Compared with non\_CM group, CM group was characterized by higher brain\_PAD scores in young adults, whereas lower brain\_PAD scores in adults. The finding revealed that brain development in individuals with CM seems to be accelerated in younger adults but retardation with increasing age. Moreover, individuals who suffered child abuse (but not neglect) showed higher brain\_PAD scores than non\_CM group, suggesting the different influence of abuse and neglect on neurodevelopment. Finally, the brain\_PAD was positively correlated with attentional impulsivity in CM group.; Conclusions: CM affects different stages of adult brain development differently, and abuse and neglect have different influenced patterns, which may provide new evidence for the impact of CM on structural brain development.; Competing Interests: Declaration of competing interest All authors declare that they have no conflicts of interest. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

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## **8. Data trends and duty of candour: patient safety challenges in 202**

**Authors:** Tingle, John

**Publication Date:** 2025

**Journal:** British Journal of Nursing 34(2), pp. 122–123

**Abstract:** John Tingle, Associate Professor, Birmingham Law School, University of Birmingham, discusses some recently published reports considering the national patient safety picture and issues around the duty of candour

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### **9. Tools for the identification of victims of domestic abuse and modern slavery in remote services: A systematic review**

**Authors:** Tomsett, Bella;Álvarez-Rodríguez, Johanna;Sherriff, Nigel;Edelman, Natalie and Gatuguta, Anne

**Publication Date:** 2025

**Journal:** Journal of Health Services Research & Policy 30(1), pp. 63–76

**Abstract:** Objective: To explore the technology-based tools available for supporting the identification of victims of domestic abuse and modern slavery in remote services and consider the benefits and challenges posed by the existing tools. Methods: We searched six academic databases. Studies were considered for inclusion if they were published in English between 2000 and 2023. The QuADS quality appraisal tool was used to assess the methodological quality of included studies. A narrative synthesis was conducted using the convergent integrated approach. Results: Twenty-four studies were included, of which two were professional guidelines; each reported on a distinct technology-based tool for remote services. All tools related to domestic abuse and 21 focused on screening for intimate partner violence among young and mid-life women (18–65) in high-income countries. The review did not identify tools that support the identification of victims of modern slavery. We identified eight common themes of tool strengths, highlighting that the remote approach to screening was practical, acceptable to victims, and, in some circumstances, elicited better outcomes than face-to-face approaches. Five themes pointed to tool challenges, such as concerns around privacy and safety, and the inability of computerised tools to provide empathy and emotional support. Conclusions: Available technology-based tools may support the identification of victims of domestic abuse by health and social care practitioners in remote services. However, it is important to be mindful of the limitations of such tools and the effects individuals' screening preferences can have on outcomes. Future research should focus on developing tools to support the identification of victims of modern slavery, as well as empirically validating tools for screening during remote consultations.

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### **10. Child Abuse and Neglect and Obsessive–Compulsive Personality Traits: Effects of Attachment, Intolerance of Uncertainty, and Metacognition**

**Authors:** Gray, Emily;Sweller, Naomi and Boag, Simon

**Publication Date:** 2024

**Journal:** Journal of Child & Adolescent Trauma 17(4), pp. 1189–1209

**Abstract:** Child Abuse and Neglect (CAN) is extensively implicated as a risk factor preceding the development of Obsessive–Compulsive Personality Traits (OCPT). Nevertheless, the majority of individuals with a history of CAN do not go on to develop OCPT. To date, little

research has investigated potential model networks that may help contribute to explaining why CAN sometimes leads to OCPT and not at other times. Thus, this study aimed to investigate whether attachment-anxiety, intolerance of uncertainty, and metacognition have indirect effects in the association between CAN and OCPT in various network models. Undergraduate psychology students (N = 291) participated in an anonymous 30-min online survey consisting of a series of self-report questionnaires regarding child abuse and neglect, attachment, intolerance of uncertainty, metacognition, OCPT, and depression. Bootstrapped serial mediation revealed attachment-anxiety and intolerance of uncertainty had a serial-mediation effect in the association between CAN and OCPT. Serial mediation was not found for metacognition and attachment-anxiety. However, metacognition alone mediated between child emotional abuse and OCPT. These findings expand our currently limited knowledge regarding the etiology of OCPT and suggest that attachment-anxiety, intolerance of uncertainty, and metacognition may be important contributors for understanding the development of OCPT following CAN exposure. The potential clinical utility for both assessment and treatment are discussed.

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## **11. Enhancing child protection responses in oral health practice: A scoping review of evidence-based approaches**

**Authors:** Han, Heuiwon; Koziol-McLain, Jane; Morse, Zac; Lees, Amanda B. and Carrington, Samuel D.

**Publication Date:** 2024

**Journal:** Child Abuse Review 33(6), pp. 1–14

**Abstract:** Child abuse and neglect represent significant global health challenges with long-lasting adverse impacts. Oral health practitioners, who often interact with children, play a key role in detecting and responding to suspected cases. Despite this, there is a notable gap in the systematic child protection measures in dental practices globally. This scoping review, utilising the Joanna Briggs Institute methodology, aims to outline current approaches for oral health practitioners and identify gaps in the approaches designed to enhance their responsiveness. Covering studies from January 2000 to May 2023, the review explored educational programmes, guidelines and interdisciplinary training modules. A comprehensive search across multiple databases, including MEDLINE, CINAHL and Scopus, along with grey literature sources, identified 1230 sources, resulting in the inclusion of 20 relevant sources. Findings highlight three main approaches: dental-specific education programmes, practical guidelines for child protection responses and analysis of legal and professional obligations. These approaches demonstrate a mix of direct educational interventions and policy-driven strategies aimed at enhancing oral health practitioners' knowledge, attitudes and practices towards child abuse and neglect. Given the identified variability and gaps in training and resources, future research should assess the effectiveness of these approaches and develop comprehensive, culturally safe training for oral health practitioners globally.



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

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

**Publication Date:** 2024

**Journal:** Journal of Child and Family Studies 33(3), pp. 1015–1028

**Abstract:** Early identification and interventions are imperative for mitigating the harmful effects of adverse childhood experiences (ACEs). Nonetheless, a substantial barrier persists in identifying adolescents experiencing ACEs. One understudied avenue for early identification of ACEs is through the examination of somatic symptoms endorsed by adolescents.

Understanding the relationship between recent ACEs exposure and somatic symptoms may serve as a useful indicator for identifying adolescents affected by ACEs. This study examines the relationships between recent exposure to ACEs (within the past one to two years) and somatic symptoms across adolescence (ages 12-16 years). Longitudinal prospective data of 1354 child and caregiver dyads from the Longitudinal Studies of Child Abuse and Neglect were used in this study. Data from three time points, when adolescents were 12, 14, and 16, were used to conduct longitudinal path analyses. Somatic symptoms- defined as physical symptoms without known medical causes- were measured using the caregiver-report subscale of the Child Behavior Checklist. Recent ACEs in the past one to two years were measured using an index score summing exposure to nine ACE variables. The results indicated a significant association between recent ACEs and increased somatic symptoms at age 12. However, there were no significant associations between recent ACEs and somatic symptoms at ages 14 and 16. The findings indicate a notably stronger relationship between recent ACEs exposure and the presence of increased somatic symptoms at the age of 12, in contrast to what is observed at ages 14 and 16. This finding suggests that somatic symptoms during early adolescence may suggest underlying issues, potentially stemming from stressors such as ACEs.;  
Competing Interests: Compliance with ethical standards Conflict of interest The authors declare no competing interests.

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## 13. 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:** 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. 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. 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. 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.

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#### **14. Complex Trauma from Child Abuse and Neglect "I'm not Sure We're even All Talking about the Same Thing and We're Probably Not":**

**Authors:** Thain, Eden;Cox, Sarah;Paton, Amanda;Shihata, Sarah and Bromfield, Leah

**Publication Date:** 2024

**Journal:** Journal of Child & Adolescent Trauma 17(4), pp. 1151–1168

**Abstract:** Rationale: Trauma from child abuse and neglect requires specialised assessment and intervention, especially for those experiencing complex trauma. Unfortunately, what constitutes complex trauma is contentious, alongside growing criticisms of diagnostic categories and labels. Recent literature critiques the symptom clusters and diagnostic categories/labels approach compared to focusing on the concrete impacts and functional nature of behavioural responses to trauma in context. Aims: This research aimed to assess the conceptual maturity of complex trauma for children and young people who have experienced abuse and neglect by discussing the concept with Australian experts. The research aimed to conceptualise complex trauma through a dimensional lens and impacts-based approach. The overall aim was to increase understanding of the development and maintenance of complex trauma and its distinctiveness from other types of trauma. Method: Group interviews were conducted, and reflexive thematic analysis was used to analyse the data. A member-checking survey helped review and improve the findings. Results: Findings suggest a vast array of impacts from complex trauma, that diagnostic boxes may not be right for complex trauma, and that the potentially chaotic cycle of complex trauma perpetuates issues. Results from this pilot indicate that complex trauma may be an immature concept for expert clinicians and researchers alike. Conclusions: Despite assessing complex trauma as an emerging or even immature concept, the discussion generates direction forward and suggests further research avenues. Associated ideas and emerging concepts begin a conceptual discussion of complex trauma.

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#### **15. Where Reality and Fantasy Collide—Prolonged Fever to Munchausen Syndrome by Proxy**

**Authors:** Vlad, Raluca Maria;Dobritoiu, Ruxandra;Turenschi, Alina and Pacurar, Daniela

**Publication Date:** 2024

**Journal:** Children 11(12), pp. 1482

**Abstract:** Background: Munchausen syndrome by proxy (MSBP) or factitious disorder imposed on another (FDIA) is a bizarre psychiatric entity, consisting of the fabrication of symptoms and alteration of laboratory tests by a caregiver. It is considered a serious form of child abuse. Alarm signs are frequent medical visits and strange symptoms that are never objectified during hospitalization. Methods: This case sets a bright light on how difficult the diagnosis and management of FDIA is and the severe consequences this disease has on a defenseless child. Results (Case report): A boy who is 3 years 8 months old first presented to our department in October 2022 for prolonged fever. We ruled out infections, malignancies, and autoimmune diseases. The patient kept coming back once every fortnight for the same reason—fever, every time associating it with something in particular and new—from painful joints to hemorrhagic complaints. Interestingly, with every new visit, the patient's medical history became more complex. The mother also developed an attachment relationship with the medical staff. During a 4-month period of repeated admissions, the child's symptoms were never objectified throughout hospitalization, and never consistent with the declared symptoms and test results. When the physician's attitude changed from empathic to distant, she never came back for check-ups. Conclusions: A pediatrician's work largely depends on good communication with the parents. When there is no medical explanation for declared symptoms, one might question the merit of the story.

**Sources Used:**

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

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