

Safeguarding

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June 2025

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1. Medical Child Abuse: Clinicians as Healers, Abusers, and Expert Witnesses

Authors: Alam, Sabihul; Snyder, Hannah; Artis, Adrienne R. and Hinds, Tanya

Publication Date: 2025

Journal: Pediatric Clinics of North America 72(3), pp. 485–496

Abstract: Competing Interests: Disclosure No disclosures.; Medical child abuse (MCA) occurs when a caregiver falsifies signs and symptoms resulting in a child receiving unnecessary and harmful or potentially harmful medical care. Like other conditions, MCA can be diagnosed using traditional diagnostic methods. MCA carries significant risk of morbidity and mortality. Collaboration between clinicians, and when necessary, between clinicians and Child Protective Services increases the likelihood of diagnosis and successful management. (Copyright © 2024 Elsevier Inc. All rights reserved.)

2. A qualitative study about how unpaid family carers who are at risk of abuse are supported through safeguarding carers processes in England

Authors: Anka, Ann

Publication Date: 2025

Journal: Journal of Adult Protection 27(3), pp. 133–145

Abstract: Purpose: This study aims to examine how unpaid family carers who are at risk of

abuse or have experienced abuse from the people they provide care for are supported through safeguarding carers processes in England. Design/methodology/approach: Qualitative focus group interviews and individual interviews were conducted with social workers and unpaid family carers who have worked with affected unpaid family carers. Thematic analysis (Ricoeur, 1971) was used to identify themes relating to the research questions and issues identified from the literature. Findings: The themes identified centred on support provided either through statutory services or carer group organisations. Statutory support consisted of assessments and support provided to the cared-for person or the carer to enable affected family carers to take a break from caring. Support provided by carer group organisations tended to focus on the carer and consisted of listening, reintroduction conversations, signposting and referrals to specialist therapeutic support services. Originality/value: We know relatively little about how unpaid family carers who are at risk of or have experienced abuse from the people they provide care for are supported through safeguarding carers processes in England. Relatively little is also known about the contributions made by carer group organisations in safeguarding them from harm and abuse. This study provides insights into how affected unpaid family carers are supported through safeguarding carers processes in England.

3. The assessment of self-harm as a window of opportunity for addressing domestic abuse: invited editorial on Knipe et al

Authors: Bhavsar, Vishal and Doherty, Anne M.

Publication Date: 2025

Journal: BJPsych Open 11(3), pp. e102

Abstract: Domestic abuse harms children and families. Self-harm is associated with exposure to and perpetration of domestic abuse, but research on health service responses to self-harm in the context of domestic abuse is limited. We discuss recent work examining the response of mental health professionals to domestic abuse in the emergency department by Knipe and colleagues. Thematic analysis of interviews with 15 mental health professionals working in consultation and liaison settings helped to construct themes including a fear of deeper exploration and tensions between identification and response ('between knowing and acting'). The paper raises important issues for quality improvement in responses to self-harm in liaison settings, including balancing time and resources across different management needs (including domestic abuse response) and professional perceptions of their own actions in clinical settings, such as acknowledging harmful behaviour. The paper demonstrates opportunities for strengthening responses to domestic abuse in professional training.

4. When Care Becomes Abuse: A Forensic-Medical Perspective on Munchausen Syndrome by Proxy

Authors: Capasso, Emanuele;Costanza, Carola;Roccella, Michele;Gallai, Beatrice;Sorrentino, Michele and Carotenuto, Marco

Publication Date: 2025

Journal: Pediatric Reports 17(3)

Abstract: Munchausen Syndrome by Proxy (MSBP) is recognized as a form of child abuse in which a caregiver induces or fabricates illnesses in their child to gain medical and social attention. MSBP represents one of the most complex and insidious forms of child abuse, characterized by an ambiguous clinical presentation that poses significant challenges for physicians, psychiatrists, and social workers. However, this condition raises critical questions regarding its diagnosis, management, and forensic implications. Traditionally, MSBP has been framed as an individual pathological manifestation of the mother, overlooking the role of the healthcare and legal systems in its identification and management. In this article, we propose a critical reflection on MSBP, emphasizing how the issue is not merely a "parental failure" but rather a systemic failure of healthcare, social, and judicial institutions in recognizing, preventing, and effectively managing such cases.

5. Disabilities in children receiving social care and support in Wales and factors associated with placement into care: A population-based data linkage study

Authors: Childs, Michael Jeanne; Bailey, Grace A.; Griffiths, Lucy J.; Hodges, Helen; Elliott, Martin and Cowley, Laura Elizabeth

Publication Date: 2025

Journal: Child Abuse & Neglect 166, pp. 107510

Abstract: Competing Interests: Declaration of competing interest None.; Objectives: To determine the prevalence of disability amongst children receiving care and support in Wales (2017-2021), and examine the proportion of disabled children with different combinations of disabilities, by their care status (in care/not in care). To investigate risk factors associated with placement in care amongst these children.; Method: We used Children Receiving Care and Support Census records held in the Secure Anonymized Information Linkage Databank linked to demographic records and the Children Looked After Census. We used bar charts and UpSet plots for data visualization and conducted multivariable logistic regression analyses to model factors associated with disabled children being placed in care.; Results: Of 37,765 children receiving care and support, 10,720 (28 %) had a disability and 3385 (32 %) disabled children were placed in care. The most common impairments were risk perception (44 %) and mental health problems (41 %). Infants <1 year were more likely to enter care compared with children aged ≥16 (Odds Ratio 3.00, 95 % Confidence Interval 1.93-4.66). Black children (1.64, (1.09-2.42)), and children of mixed (2.34, (1.77-3.08)), or 'other' (1.81, (1.16-2.77)) ethnicity were more likely to enter care compared with White children. Child mental health problems were associated with entering care (1.82 (1.60-2.07)) as were the following parental factors: mental ill health (1.45 (1.31-1.62)), substance/alcohol misuse (3.23 (2.87-3.64)), learning disabilities (2.97 (2.56-3.45)), and domestic abuse (1.47 (1.30-1.65)).; Conclusions: This novel, population-wide evidence will contribute to the planning and provision of targeted care and support for disabled children and their families, to help prevent children entering care. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

6. Domestic abuse and the impact on young children: A UK perspective

Authors: Cleaver, Hedy

Publication Date: 2025

Journal: Children & Youth Services Review 172, pp. N.PAG

Abstract: • Approximately 20% of children in the UK live with domestic abuse. • Assaults on an expectant mother are associated with increased rate of miscarriage, stillborn and premature birth, and foetal brain injury. • Exposure to domestic abuse can affect all aspects of a young child's health and development. • Children may spend their whole childhood in a constant state of anxiety. • The impact of domestic abuse can last a life-time and affect education and job opportunities, friendships, and mental and physical health. Survivors and victims of domestic abuse are frequently fearful of revealing what is happening to them. Consequently, the increasingly high numbers reported to the police are likely to be a significant underestimation. This paper explores the impact of domestic abuse on young children. It is based on the scrutiny of a wide range of research, both national and international, and takes a developmental perspective. The paper initially explores how exposure to domestic abuse can affect the unborn child. The focus then turns to infants and discusses how domestic abuse can have a detrimental affect on the child's health, education, and emotional and behavioural development before examining the possible long-term consequences. Finally, the implications for policy and practice are discussed.

7. The impact of the healing together programme for children and young people affected by domestic abuse

Authors: Cunneen, Katie; Patel, Asha and Fox, Claire

Publication Date: 2025

Journal: Children & Youth Services Review 173, pp. N.PAG

Abstract: Display omitted] • The Healing Together programme increased children's emotional awareness from pre- to immediately post-intervention. • The Healing Together programme appears more effective when delivered in a 1-to-1 format. • The programme also appears more effective when delivered to children aged between 5 and 10 years. Children affected by domestic abuse have a heightened risk of later mental health related difficulties due to their traumatic experiences. Development of trauma-informed support programmes which aim to develop a child's emotional understanding could offer an effective early intervention approach. The aim was to measure the impact of a trauma-informed intervention for children affected by domestic abuse. Intervention effectiveness was measured by tracking changes in emotional awareness at pre and post-test. Focus was placed on any interaction effects of delivery-method and age-of-child. Participants and Setting. In total, 327 children from the U.K. aged between 5–16 years who were involved in the Healing Together programme participated in the study. The programme took place within schools, youth organisations and early intervention services, between the dates of June 2021-June 2023. The children completed the Emotional Awareness Questionnaire to measure Differentiating Emotions, Verbal Sharing of Emotions and Not Hiding Emotions before and after the programme. Immediately post-intervention, the Healing Together programme significantly increased children's ability to differentiate emotions, not hide emotions, and verbally share emotions. In addition, the effectiveness varied by age, and whether the intervention was delivered on a 1–1 or group-basis. The intervention

appeared to be more effective on a 1–1 basis and for 5–10-year-olds. The Healing Together programme was effective in increasing children's emotional awareness. This may have been due to the trauma-informed elements which allowed for a safe and co-regulating relationship to be established and the children to develop an awareness of how their body and brain work together when they are feeling unsafe.

8. Carer harm: a challenge for practitioners, services and research

Authors: Donnelly, Sarah;Isham, Louise;Mackay, Kathryn;Milne, Alisoun;Montgomery, Lorna;Sherwood-Johnson, Fiona and Wydall, Sarah

Publication Date: 2025

Journal: Journal of Adult Protection 27(3), pp. 122–132

Abstract: Purpose: The purpose of this study is to consider how carer harm is understood, surfaced and responded to in contemporary policy, practice and research. Design/methodology/approach: This paper offers a reflective commentary on the current "state of play" relating to carer harm drawing on existing research and related literature. This study focuses on how we define carer harm and what we know about its impact; lessons from, and for, practice and service provision; and (some) considerations for policy development and future research. Findings: The authors highlight the importance of engaging with the gendered dimensions (and inequalities) that lie at the intersection of experience of care and violence and the need to move beyond binary conceptions of power (lessness) in family and intimate relationships over the life course. They suggest that changing how we think and talk about carer harm may support practitioners to better recognise the impact of direct and indirect forms of carer harm on carers without stigmatising or blaming people with care needs. The findings of this study also consider how carer harm is "hidden in plain sight" on two accounts. The issue falls through the gaps between, broadly, domestic abuse and adult and child safeguarding services; similarly, the nature and impact of harm is often kept private by carers who are fearful of the moral and practical consequences of sharing their experiences. Originality/value: This study sets out recommendations to this effect and invites an ongoing conversation about how change for carers and families can be realised.

9. Effects of child abuse simulation education using a forensic nursing approach: A randomized controlled study

Authors: Han, Mihyun;Chae, Sun-Mi;Yun, Hyeongyeong and Jang, Soyoung

Publication Date: 2025

Journal: Clinical Simulation in Nursing 99, pp. N.PAG

Abstract: • Child abuse simulation using forensic nursing improved students' skills and knowledge. • Moulage and standardized patients heighten realism in abuse injury simulations. • Standardized patients portraying the child's mother enhance interaction training. • The forensic nursing simulation, including evidence collection led to learner satisfaction. Forensic nursing simulations have been shown to enhance student competency in cases such as

sexual assault and abuse of older adults. However, their use in child abuse scenarios with standardized patients is less explored. We developed a child abuse-related forensic nursing simulation to train nursing students and assessed its effectiveness in enhancing their child abuse-related forensic nursing knowledge, competency, and performance. A randomized controlled pre-post experimental design was implemented to evaluate child abuse-related forensic nursing knowledge, competency, and performance among Korean undergraduate nursing students. The experimental group received simulation as well as video-based lecture education, while the control group received only the lecture. The child abuse-related forensic nursing knowledge and competency improved over time in both experimental and control groups. The experimental group showed significantly higher performance in child abuse-related forensic nursing than did the control group. The participants reported that the use of standardized patients and moulage enhanced the reality of the simulation. Simulation education can potentially enhance nursing students' knowledge, competency, and performance in child abuse-related forensic nursing.

10. Value for whom? Rethinking cost-effectiveness from young people's perspective

Authors: Holmes, Lisa and Lefevre, Michelle

Publication Date: 2025

Journal: Health Education Journal 84(4), pp. 446–458

Abstract: Background: This article re-envision the concept of value in relation to safeguarding and welfare services to young people who are experiencing adversity, risk and disadvantage. Current use of the terms 'cost-effectiveness' and 'value for money' within the policy and practice sectors is dominated by the concept of financial costs, most particularly with respect to the goals of producing organisational efficiencies and providing lower cost services. Analysis is often driven by outcomes that are easy to measure and can be monetised. Findings: The moral and societal costs associated with not providing the best possible support and services to some of the most vulnerable people in society are largely missing from these debates, as are young people's views on what counts as value from their perspective. Drawing on learning from our recent and current research in the UK focused on young people at risk of extra-familial risks and harms, we use a case study to consider alternative approaches that would place young people's views and concerns at the centre of analysis. We explore the integration of 'softer outcomes' (such as subjective well-being, educational engagement and qualitative inquiry into what matters to young people) into debates about 'value for money'. Conclusion: We highlight the importance of exploring the lives of young people holistically and taking a life course perspective to understand and engage with the longer-term societal, moral and financial costs associated with providing the right services and support, at the right time, to the children and young people who need them most.

11. 'We were persistently othering them out': Reconceptualising 'safeguarding' for young people experiencing extra-familial risks and harms during transition to adulthood

Authors: Huegler, Nathalie; Damman, Jeri L.; Ruch, Gillian and Bowyer, Susannah

Publication Date: 2025

Journal: Health Education Journal 84(4), pp. 432–445

Abstract: Background: The transition to adulthood may involve experiences of risk and harm – including, for some young people, abuse, violence or exploitation in peer and community contexts. In the UK, such extra-familial risks and harms have prompted safeguarding responses in policy and practice. However, safeguarding conceptualisations are significantly different for young people under 18 than for those over 18, leading to service and system gaps in transition. The concept of Transitional Safeguarding seeks to address this, advocating for more integrated approaches that centre the needs, voices and lived experiences of young people. Objectives: Based on findings from a study on early-stage innovation developments aligned with Transitional Safeguarding, this paper considers issues and dilemmas linked to reconceptualising 'safeguarding' so as to better protect young people experiencing extra-familial risks and harms during transition to adulthood. Methods: A 4-year study followed safeguarding innovation developments in selected local areas in England, based on a qualitative case study approach that involved ethnography, interviews and documentary analysis. Findings: The paper highlights gaps in safeguarding services and systems for young people around age 18, when support may either significantly decrease or stop altogether. The intersecting dynamics of risks, harms and unmet needs point to the importance of multi-agency collaboration, beyond service-centric threshold definitions. The need to systemically and systematically involve young people in support and innovation development is also emphasised. Conclusions: The boundary-spanning change which the Transitional Safeguarding approach advocates requires significant shifts to create conditions capable of addressing risks and harms during transition to adulthood, as well as their structural drivers. Navigating these shifts remains a key challenge for local services and systems engaged in Transitional Safeguarding innovation, and their efforts need to be supported by policy frameworks and adequate funding.

12. Neighbourhood differences in the rates of criminal cautions and convictions for children in the care system

Authors: Leyland, A.;Webb, C. J. R.;Bennett, M. R. and Hughes, N.

Publication Date: 2025

Journal: Children & Youth Services Review 172, pp. N.PAG

Abstract: The disproportionate criminalisation of children in the care system is well-recognised globally. The likelihood of this criminalisation is influenced by place-based differences in the practices of child welfare and criminal justice services. Administrative data for a cohort of children in England (N = 1,708,570) was analysed at the level of the local authority (n = 152). The present study reports that for children across tiers of the child welfare service (e.g., out of home placements or supported at home by a social worker) there was substantial variation between local authorities in the rates of criminal cautions or convictions such that some local authorities had rates that were up to three times greater than other authorities. This difference was found after adjusting for the local authority conviction rate in the general population and the deprivation rate. There is an urgent need to address this

inequity through better understanding of what underpins these differences and from the sharing of best practices to improve outcomes for our most vulnerable children.

13. Authentic Assessment of Executive Functions in Early Childhood: A Scoping Review

Authors: Londono, Maria Camila;Dionne, Carmen and Lacharité, Carl

Publication Date: 2025

Journal: Journal of Early Intervention 47(2), pp. 224–247

Abstract: Executive functions (EFs) are cognitive skills that begin developing in early life and are crucial for children's overall development and daily task performance. Generally, EFs are assessed through standardized neuropsychological tests, which may not always accurately capture real-world application. To overcome this limitation, alternative methods such as authentic assessment have emerged. A scoping review was conducted to map the information available regarding the authentic assessment of EFs in children under 6 years of age from 2010 to 2021. Out of 790 documents, 32 met the eligibility criteria after full-text revision. Two rating scales emerged as the most used EFs assessment instruments. The documents did not explicitly mention the term "authentic assessment." Four commonly assessed EFs were identified. Findings highlight the need to develop multidimensional authentic assessment instruments to assess early EFs skills in all children. This includes children at risk or with developmental disabilities, and children from families with incomes below the poverty threshold.

14. Work practices contributing to 'hidden' child sexual abuses in mid-twentieth century child institutions: Lessons for contemporary times

Authors: Mason, Jan;Fattore, Tobia and O'Sullivan, Justine

Publication Date: 2025

Journal: Children & Youth Services Review 173, pp. N.PAG

Abstract: The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) indicated the prevalence of sexual abuse of children in institutional settings, documenting the devastating effects of such abuse on victims, families and communities. This article reports on research that aimed to understand organisational practices and conditions within some New South Wales 'state institutions' in which child abuse occurred, during the period from the 1950 s to early 1970 s – the period that was the focus of the Commission's Inquiry into these institutions. Our article is derived from in-depth interviews with professional practitioners employed by the NSW Child Welfare Department during this time, to work with committed children. The subordinate position of these professionals placed them 'in the middle' – between institutional staff and children. The over-arching theme identified by interviewees was their concern that they must have worn 'blinkers' when working in the institutions in the mid-twentieth century. We elaborate on this theme in discussion of four sub-themes:1) A masculinist, authoritarian agenda operating to control both children and staff; 2)The shaping of

'model citizens' through relations of violence; 3) Subjugation of an alternative discourse; and 4) Mistrust between professionals and inmates. We consider our analysis has particular value in the questions it enables us to ask about contemporary child welfare and juvenile justice practices – our ultimate aim being to inform contemporary policies for preventing institutional child abuse.

15. Fetal bone loading is a critical determinant of fetal and young infant bone strength

Authors: Miller, Marvin

Publication Date: 2025

Journal: Clinical Biomechanics 125, pp. N.PAG

Abstract: The Utah Paradigm is the contemporary model of bone physiology that allows for an understanding of risk factors for bone fragility and can be used in understanding infants who present with multiple unexplained fractures in contested cases of child abuse. The Utah Paradigm was applied to the fetal period in over 500 cases of contested child abuse cases in infants with multiple unexplained fractures to determine if risk factors for bone fragility could be identified. Multiple risk factors for fetal bone fragility were identified: inadequate provision by the mother during pregnancy of essential bone nutrients (calcium, phosphate, vitamin D, and protein), prematurity, gestational diabetes, and fetal exposure to drugs that can affect bone strength. The most common risk factor was decreased fetal bone loading from decreased fetal movement. More than one risk factor was often identified in these cases, and the term Metabolic Bone Disease of Infancy is used to describe this multifactorial bone fragility disorder of young infants. Infants with Metabolic Bone Disease of Infancy have X-rays that show poor bone mineralization, and this condition can be misdiagnosed as child abuse. Metabolic Bone Disease of Infancy should be considered in infants with multiple unexplained fractures. This condition can be established by finding abnormal X-rays showing poor bone mineralization and risk factors for bone fragility. Fetal bone loading is the most critical determinant of fetal and young infant bone strength. Situations that cause decreased fetal movement can cause decreased fetal and young infant bone strength. • The Utah Paradigm is the contemporary model that allows for an understanding of bone strength. • The Utah Paradigm can be applied to the fetal time period. • The Utah Paradigm predicts fetal movement is a major determinant of young infant bone strength. • The Utah Paradigm predicts there are other determinants of infant bone strength. • These findings have relevance in contested cases of child abuse in infants with fractures.

16. The social must be stabilised: How are the social needs of young people with social work involvement characterized in their mental health case notes?

Authors: Morgan, Tessa;Crozier-Roche, Francesca;Graham, David;Smith, Jack;Drayak, Taliah;Mary, Sophie;Cossar, Jeanette;Mannes, Julia;Pilimatalawwe, Dihini;Parker, Pamela;Coughlan, Barry;Hood, Rick;Hutchinson, Dustin;Woolgar, Matt and Duschinsky, Robbie

Publication Date: 2025

Journal: Social Science & Medicine 374, pp. N.PAG

Abstract: In Donzelot's landmark *The Policing of Families*, he traced the rise of the "social" sector in the 18th century, where institutions like social work, education, and healthcare regulated families, shaping norms of deviance to justify intervention. Social scientists continue to debate the impact of post-2008 austerity measures on the relationship between the social sector and family life in contemporary society. This study aims to contribute to these discussions through a critical discourse analysis of how the social needs of 70 young people with social work involvement have been characterised in their Child and Adolescent Mental Health Service case notes. This analysis was co-produced alongside three experts-by-experience with lived experience of both mental health and social care. Results of this analysis indicate that the social needs of our sample were a) rejected from mental health services for being too social, too chaotic and lacking a stable base; b) accepted but secondary to psychological concerns c) outsourced to other services or to families or young people themselves. Where young people's social needs were sufficiently high risk in the community they were d) contained in mental health facilities or under deprivation of liberty orders by social services. We contend that in the contemporary context, rather than the social comprising an ever-expanding entity designed to govern the conduct of family life, we identified ways in which the social sector was also governing through neglect and containment. This analysis offers important insights into inequalities faced by young people with social care involvement who seek mental health support. • Under austerity the social as a zone of governmentality has become increasingly fragmented. • This paper analyses how social needs are characterised by Child and Adolescent Mental Health Service in England. • Young people were often rejected from mental health services as their needs were framed as too social or complex. • The responsibility of care often fell to families and the young people themselves. • Contained young people had previously unaddressed, long-standing social and mental health needs.

17. The Impact of the COVID-19 on Physical Violence, Sexual Violence and Neglect Against Children: A Systematic Review and Meta-Analysis

Authors: Nakaike, Tomomi;Nguyen, Dung Anh;Makram, Abdelrahman M.;Elsheikh, Randa;Hassani, Mohamed;Reda, Abdelrahman;Trieu, My Duc Thao;Huy, Nguyen Tien and Hirayama, Kenji

Publication Date: 2025

Journal: Child: Care, Health and Development 51(4), pp. e70105

Abstract: Background: COVID-19 caused the interruption of child protection services and economic/psychological burdens on parents. Therefore, in this systematic review and meta-analysis (SR/MA), we aimed to identify the impact of the worldwide COVID-19 pandemic on physical and sexual violence and neglect against children by investigating the change in the prevalence of these events before and during the COVID-19 pandemic.; Methods: The protocol of this study was registered in PROSPERO with the registration number CRD42022377660. We included any studies eligible for meta-analysis comparing physical and sexual violence and neglect against children before and during the COVID-19 pandemic. Eleven electronic databases were systematically searched in March 2022. The meta-analysis was conducted using STATA, pooled odds ratios were calculated and subgroups by countries

and sex of children (when possible) were analysed.; Results: A total of 11 publications were included in the meta-analysis. Overall, we found no significant evidence to support that the COVID-19 pandemic impacted the prevalence or proportion of the three types of violence against children, even after segregating the data to the country or sex levels.; Conclusion: Overall, our analysis revealed no significant change in physical and sexual violence, as well as neglect against children before and during the COVID-19 pandemic, with the majority of data sources being hospital records and child protection services. More self-reported studies should be performed, especially in low- and middle-income countries, for a better understanding of child abuse and neglect around the world. (© 2025 John Wiley & Sons Ltd.)

18. Partner-Inflicted Brain Injury: Intentional, Concurrent, and Repeated Traumatic and Hypoxic Neurologic Insults

Authors: Nemeth, Julianna M.;Decker, Clarice;Ramirez, Rachel;Montgomery, Luke;Hinton, Alice;Duhaney, Sharefa;Smith, Raya;Glasser, Allison;Bowman, Abigail Abby;Kulow, Emily and Wermert, Amy

Publication Date: 2025

Journal: Brain Sciences 15(5)

Abstract: (1) Background: Traumatic brain injury (TBI) is caused from rapid head acceleration/deceleration, focal blows, blasts, penetrating forces, and/or shearing forces, whereas hypoxic-anoxic injury (HAI) is caused through oxygen deprivation events, including strangulation. Most service-seeking domestic violence (DV) survivors have prior mechanistic exposures that can lead to both injuries. At the time of our study, some evidence existed about the exposure to both injuries over the course of a survivor's lifetime from abuse sources, yet little was known about their co-occurrence to the same survivor within the same episode of physical intimate partner violence (IPV). To better understand the lived experience of service-seeking DV survivors and the context in which partner-inflicted brain injury (PIBI) is sustained, we sought to understand intentional brain injury (BI) exposures that may need to be addressed and accommodated in services. Our aims were to 1. characterize the lifetime co-occurrence of strangulation and intentional head trauma exposures from all abuse sources to the same survivor and within select physical episodes of IPV and 2. establish the lifetime prevalence of PIBI. (2) Methods: Survivors seeking DV services in the state of Ohio in the United States of America (U.S.) completed interview-administered surveys in 2019 (n = 47). Community-based participatory action approaches guided all aspects of the study development, implementation, and interpretation. (3) Results: The sample was primarily women. Over 40% reported having Medicaid, the government-provided health insurance for the poor. Half had less than a postsecondary education. Over 80% of participants presented to DV services with both intentional head trauma and strangulation exposures across their lifetime from intimate partners and other abuse sources (i.e., child abuse, family violence, peer violence, sexual assault, etc.), though not always experienced at the same time. Nearly 50% reported an experience of concurrent head trauma and strangulation in either the first or last physical IPV episode. Following a partner's attack, just over 60% reported ever having blacked out or lost consciousness-44% experienced a loss of consciousness (LOC) more than once-indicating a conservative estimate of a probable brain injury by an intimate partner. Over 80% of service-seeking DV survivors reported either a LOC or two or more alterations in consciousness

(AICs) following an IPV attack and were classified as ever having a partner-inflicted brain injury. (4) Conclusions: Most service-seeking IPV survivors experience repetitive and concurrent exposures to abusive strangulation and head trauma through the life course and by intimate partners within the same violent event resulting in brain injury. We propose the use of the term partner-inflicted brain injury (PIBI) to describe the physiological disruption of normal brain functions caused by intentional, often concurrent and repeated, traumatic and hypoxic neurologic insults by an intimate partner within the context of ongoing psychological trauma, coercive control, and often past abuse exposures that could also result in chronic brain injury. We discuss CARE (Connect, Acknowledge, Respond, Evaluate), a brain-injury-aware enhancement to service delivery. CARE improved trauma-informed practices at organizations serving DV survivors because staff felt knowledgeable to address and accommodate brain injuries. Survivor behavior was then interpreted by staff as a "can't" not a "won't", and social and functional supports were offered.

19. Ways to protect adults, carers and older people experiencing domestic violence – the Polish example

Authors: Szafranek, Anna

Publication Date: 2025

Journal: Journal of Adult Protection 27(3), pp. 156–164

Abstract: Purpose: The purpose of this paper is to provide an overview of the legal and regulative framework for the protection of elderly people, including unpaid family carers who experience domestic abuse in Poland. Design/methodology/approach: This paper draws from the broad literature including research and the legal and regulative frameworks (in Poland) used to protect victim/survivors of domestic violence, including unpaid family carers from abuse, violence and harm. Findings: The findings suggest that although the legislative framework in place before 2020 offered victim/survivors some protection, which entailed the police removing perpetrators from the premises, the perpetrators often returned home where the abuse continued, and this has led to changes and amendments in law to ensure that victim/survivors are better protected. Originality/value: This paper provides insights into how victim/survivors of domestic violence are supported through the legislative processes in Poland. It also provides insights into some of the specific factors that inhibit victim's/survivors' help-seeking behaviours.

20. Changes in Psychological and Relationship Dimensions of Sexuality After Trauma Focused Therapy in Women with Interpersonal Child Abuse Related PTSD

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

Publication Date: May ,2025

Journal: Journal of Trauma & Dissociation 26(3), pp. 372–391

Abstract: Women with posttraumatic stress disorder (PTSD) often report problems with

sexuality. Relationship dimensions and psychological dimensions of sexuality seem to be impaired. We examined whether trauma focused therapies improve relationship and psychological dimensions of sexuality. In a randomized controlled trial that took part between 2014 and 2016 in Germany, N = 193 cisgender women with PTSD after child abuse (mean age = 36.3 years) completed the Multidimensional Sexuality Questionnaire, assessing psychological dimensions of sexuality and the Resources in Sexuality and Partnership, assessing relationship dimensions of sexuality. PTSD was assessed via Clinician Administered PTSD Scale for DSM-5. Assessments took part in the beginning and after Dialectical Behavior Therapy for PTSD or Cognitive Processing Therapy. Using hierarchical linear modeling, changes in psychological and relationship dimensions of sexuality from beginning to post treatment were assessed, also the association between PTSD symptom reduction and reduction in psychological and relationship dimensions. From beginning to post treatment, relationship dimensions of sexuality improved ($p < .01$; Cohen's $d = .36$). PTSD symptom reduction moderated this effect. The psychological dimension sexual satisfaction increased ($p < .05$; Cohen's $d = .32$), sexual anxiety ($p < .001$; Cohen's $d = -.51$) and sexual depression ($p < .001$; Cohen's $d = -.44$) decreased. PTSD symptom reduction moderated these effects. Sexual esteem and sexual motivation did not change after therapy. Our results suggest that relationship dimensions and some psychological dimensions of sexuality can improve after trauma focused therapy. Other psychological dimensions like sexual esteem might need specific therapeutic interventions to improve.

21. Impact of Domestic Violence on the Mental Health of Women and the Response Thereof: A Systematic Review

Authors: Zoie, Tanveer Ahmad and Digal, Ganesh

Publication Date: 2025

Journal: Violence and Victims

Abstract: Domestic violence is a devastatingly pervasive global issue. It endangers women's rights to live a decent life and affects women physically, psychologically, sexually, and economically. The present article is an attempt to systematically study the mental health issues (like anxiety, depression, and posttraumatic stress disorder) among women victims of domestic violence. Domestic violence is a phenomenon of high prevalence among women, and its impact on their mental health needs further research. This systematic review identifies 35 studies through a search of the research databases on the impact of domestic violence on the mental health of women. Studies showed greater evidence that women victims of domestic violence have developed mental health issues such as anxiety, depression, and posttraumatic stress disorder. The type of exposure and the victim's time frame or exposure period determine how serious the violence is. The victim's reaction to domestic abuse and its mitigating effect will also be taken into consideration. (© 2025 Springer Publishing Company.)

22. Fetal alcohol syndrome in the UK

Authors: Burleigh, Charlotte Rebecca;Lynn, Richard M.;Verity, Chris;Winstone, Anne Marie;White, Simon R. and Johnson, Kathryn

Publication Date: 2023

Journal: MIDIRS Midwifery Digest 33(3), pp. 285

Abstract: Objective: To determine the incidence of fetal alcohol syndrome (FAS) in the UK in children aged 0-16 years. Design: Active surveillance was undertaken through the British Paediatric Surveillance Unit between October 2018 and October 2019 inclusive. Data were collected from reporting clinicians using standardised questionnaires. Patients: Children aged 0-16 years in the UK and Ireland with a diagnosis of FAS seen in the previous month. This study did not include children with fetal alcohol spectrum disorder. Main outcome measures: Demographic details (including age and ethnicity), details of exposure, growth parameters, neurological and cognitive diagnoses, and service usage. Results: 148 notifications were received. After exclusions and withdrawals, there were 10 confirmed and 37 probable cases (analysed together). Just 24 of these children were newly diagnosed with FAS during the surveillance period, giving an estimated incidence rate of 3.4/100 000 live births (95% CI 2.2 to 5.0); their median age at diagnosis was just over 5 years and they were diagnosed between 3 months and 14 years 3 months of age. Conclusions: The estimated incidence rate of FAS is lower than reported by similar studies and there was a wide variation in the age that cases were diagnosed. This, combined with the fact that many cases were notified and then withdrawn or excluded, suggests that in the UK there is a lack of consistency and certainty in diagnosing FAS. The study findings strongly support the need to educate key professionals involved in the care of infants and children at risk of FAS.

Sources Used:

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

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