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Safeguarding

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October 2025

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1. **Family context and caregiver characteristics in substantiated child maltreatment: A report-level analysis**

Authors: Ahn, Eunhye;Lee, Joyce Y.;Palmer, Lindsey;Rebbe, Rebecca;Tejeda, Yadira and Cha, Hunmin

Publication Date: 2025

Journal: Child Abuse & Neglect 169, pp. 107693

Abstract: Background: Child maltreatment is a major public health concern often affecting multiple children in the same household, shaped by shared family dynamics. Yet research has primarily focused on individual children, overlooking patterns of maltreatment across siblings in a shared family context.; Objective: This study examined household and perpetrator characteristics associated with substantiated child maltreatment using a family-level approach that analyzed all children within Child Protective Services (CPS) reports.; Participants and Setting: The study analyzed 440,754 substantiated or indicated CPS reports from 21 U.S. states during fiscal years 2018 and 2019.; Methods: Using the National Child Abuse and Neglect Data System (NCANDS), we categorized reports into four mutually exclusive groups based on the types of substantiated maltreatment across all children: neglect only, neglect with other, abuse only, and abuse with other (excluding neglect). Descriptive analyses compared these groups by family characteristics, perpetrator attributes, and the intersection of family size and perpetration pattern.; Results: More than half of reports (51.3 %) involved multiple children with mixed substantiation outcomes. Neglect only cases (58.5 %), predominantly involved very young children, female perpetrators with caregiving roles, and prior perpetration history. Abuse only cases (14.0 %) typically involved older children, sole perpetrators, and males in non-

caregiver roles. Reports with multiple maltreatment types reflected complex family dynamics with multiple perpetrators.; Conclusions: Maltreatment often involves multiple children in a household, with patterns shaped by complex family dynamics, highlighting the need for tailored, family-centered interventions. (Copyright © 2025. Published by Elsevier Ltd.)

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2. **Assessing Dimensions of Children's Exposure to Family Violence with the Family Socialization Interview - Revised 2.0**

Authors: Briggs-Gowan, Margaret;McCarthy, Kimberly J.;DiVietro, Susan;Goldstein, Brandon L. and Grasso, Damion J.

Publication Date: 2025

Journal: Child Maltreatment , pp. 10775595251381229

Abstract: Intimate partner violence (IPV) is prevalent in families with young children and increases risk for trauma-related symptoms, making comprehensive assessment of IPV important for research and clinical purposes. The reliability, validity, and incremental value of the partner conflict section of the semi-structured Family Socialization Interview - Revised 2.0 (FSI-R2) were examined in a sample of children at-risk for IPV exposure (N = 246, M age = 5.4 years, SD = 0.9). Data analyzed were from a study investigating the effects of IPV on young children. Interrater reliability was acceptable. Supporting convergent validity, FSI-R2 severity correlated positively with mother-reported partner conflict (Conflict Tactics Scale-2) and child-reported perceived threat (Berkeley Puppet Interview). The FSI-R2 severity codes correlated positively with children's PTSD and trauma-related symptoms. Supporting incremental value, FSI-R2 severity explained unique variance in children's symptoms beyond the CTS2. Finally, findings underscored the importance of comprehensively assessing IPV that has occurred not only with current partners, but also ex-partners, and across children's lifetimes.

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3. **Oral and Oropharyngeal Manifestations of Child Abuse: A State-of-the-Art Review**

Authors: Canty, Katherine W.;Mercier, Erika;Shearer, Eliot;Peréz-Rosselló, Jeannette;Lawlor, Claire M. and Wilson, Celeste R.

Publication Date: 2025

Journal: Otolaryngology--Head and Neck Surgery : Official Journal of American Academy of Otolaryngology-Head and Neck Surgery

Abstract: Objective: Child abuse carries significant morbidity and mortality, with children younger than 1 year being most vulnerable. Oral cavity and oropharyngeal injuries are rare in infants, particularly among those who are pre-mobile, and are considered sentinel injuries, as they may precede more severe physical abuse. It is vital that clinicians without specialty training in child abuse, including otolaryngologists, recognize oral manifestations of child physical abuse.; Data Sources: Articles were identified by searching PubMed. Conference proceedings were checked for relevant invited lectures and unpublished case presentations. Lastly, consultations with the Child Protection Team at our institution involving oropharyngeal injuries were reviewed to generate case examples.; Review Methods: Other than restricting

the articles searched to pediatric patients, no exclusion or inclusion criteria were used.; Conclusions: Oral manifestations of physical abuse include frenula injury, sublingual hematoma, lacerations and abrasions to the oral cavity, oral cavity bruising and bleeding, as well as injury to the pharynx and hypopharynx, among other presentations. Standardized recommendations exist to guide the assessment for clinically occult but co-occurring injuries in infants and young children presenting with oral injury suspicious for abuse.; Implications for Practice: Timely recognition of oral manifestations of child abuse is imperative to prevent recurrent injury and death. Otolaryngologists who provide care to pediatric patients should become familiar with their local resources that can assist with the medical evaluation of suspected child abuse. (© 2025 American Academy of Otolaryngology–Head and Neck Surgery Foundation.)

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4. **Exposure to Violence for Nurses Across Ethnic Groups: A Qualitative Study**

Authors: Chui, Zoe;Caton, Emma;Naqvi, Habib;Baker, Edward;Onwumere, Juliana;Lee, Geraldine A. and Hatch, Stephani L.

Publication Date: 2025

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 81(10), pp. 6740–6752

Abstract: Aim: To explore the social context of violence for hospital-based and community nurses from different ethnic groups, the types of violence experienced or witnessed both in and outside the workplace, and its impact on mental and physical health. Design: Cross-sectional, qualitative study using semi-structured interviews. Methods: Semi-structured interviews were conducted online with 12 hospital-based and community nurses recruited from London, England, between May and August 2021. Data were analysed using reflexive thematic analysis. Results: The sample comprised seven hospital nurses and five community nurses. Four themes were identified: (i) the social context in which nurses from different ethnic groups are exposed to community violence; (ii) types of workplace violence experienced or witnessed by hospital-based and community nurses from different ethnic groups; (iii) perceptions of the factors contributing to workplace violence; (iv) impacts of violence on mental and physical health outcomes. Using the social ecological framework and sociological theory of stress, these findings informed a conceptual stress process model of violence exposure for nurses. Conclusion: Nurses from different ethnic groups are exposed to violence both in and outside the workplace which negatively affects their mental and physical health. Effective violence prevention requires a multi-factorial approach that addresses the social and institutional factors contributing to violence, shifting the focus from individual measures to systemic organisational changes. Impact: The NHS workforce is currently more diverse than ever, and healthcare leaders must improve access to mental health and well-being resources for staff affected by workplace violence, particularly for those who hold multiple social identities at the intersection of ethnicity, gender and age. Prioritising this support is essential not only to safeguard against negative health outcomes but also to improve the recruitment and retention of healthcare professionals. Patient or Public Contribution: No patient or public contribution.

5. **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: 2025

Journal: Birth: Issues in Perinatal Care 52(3), pp. 412–420

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.

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6. **Epidemiological Profile of Injuries in Patients with High Diagnostic Suspicion of Abuse**

Authors: de Souza, Isaias,Silva Ribeiro;Poncio, Victor Peyneau;Molina, Matheus Giovanni Medina;Perera, Georges Akira Shigekiyo;Cocco, Luiz Fernando and Dobashi, Eiffel Tsuyoshi

Publication Date: 2025

Journal: Acta Ortopedica Brasileira 33(4), pp. e290194

Abstract: Competing Interests: All authors declare no potential conflict of interest related to this article.; Objective: This study aimed to analyze the epidemiological profile of child abuse cases treated at Hospital Geral de Pirajussara, São Paulo, and to understand the characteristics of associated injuries.; Methods: A retrospective cross-sectional study was conducted by reviewing medical records of patients suspected of abuse, aged 18 years or younger, from January 2012 to December 2022. Data on sex, age, trauma mechanism, presence of fractures, and outcomes were analyzed.; Results: A total of 58 records were included. Most cases involved adolescents (50%, n=29). The most common abuse mechanism was physical force (36.21%, n=21), followed by direct trauma by object (13.79%, n=8). Fractures were present in 41.38% of cases (n=24), with skull and facial fractures being the most frequent (33.33%, n=7). Brain injuries were the most common associated injuries (42.42%, n=14). Most cases (77.59%, n=45) were discharged with an average hospital stay of 9 days.; Conclusions: Abuse is prevalent among young children under 1 year and adolescents (13-18 years). Identified patterns of injuries and abuse mechanisms highlight the need for stringent screening and management protocols. Continuous training and vigilance are crucial

for effective prevention and intervention. Level of Evidence III; Cross-Sectional Retrospective Study.

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7. **A multi-method evaluation of parent and child factors associated with child abuse potential across valid and invalid profiles on the Brief Child Abuse Potential Inventory**

Authors: Druskin, Lindsay R.;Phillips, Sharon T.;Kohlhoff, Jane;Owen, Christopher K.;Han, Robin C.;Franzese, Samantha N.;Wallace, Nancy;Cibralic, Sara;Morgan, Sue and McNeil, Cheryl B.

Publication Date: 2025

Journal: Infant Mental Health Journal

Abstract: Child abuse is a pervasive problem impacting millions of children. Researchers largely rely on parent-report questionnaires to examine risk for child abuse, leaving a gap in research concerning the link between observed parent and child behaviors and child abuse potential. The current study pursued a multi-method approach to explore relations between parent and child factors and child abuse potential (via the Brief Child Abuse Potential Inventory; BCAP) in a sample of 90 mother-toddler dyads referred for behavioral problems in Australia. About half of the sample engaged in socially desirable responding which resulted in an invalid profile on the BCAP. Therefore, analyses were conducted twice to assess risk factors for child abuse within the standard valid BCAP profile sample (n = 41) and the full sample including valid and invalid profiles (n = 84). Within the valid-only sample, parent emotion dysregulation contributed significantly to the model predicting child abuse potential. However, within the full sample, parent emotion dysregulation, romantic attachment avoidance, stress, and negative touch were significantly associated with child abuse potential. Findings highlight the importance of including parents with invalid BCAP profiles when assessing child abuse potential as these high-risk parents may go unnoticed and miss connections to critical interventions. (© 2025 Michigan Association for Infant Mental Health.)

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8. **Safeguards against domestic abuse and coercion in the assisted dying bill must be strengthened.**

Authors: Feder, Gene;Cook, Elizabeth A. and McManus, Sally

Publication Date: Sep 11 ,2025

Journal: BMJ 390, pp. r1914

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9. **Assessing the Relationship Between Knowledge, Attitude, and Practice Regarding Elder Abuse With Caring Behaviours Assessment Among Nurses: An Exploratory Study**

Authors: Gharajeh-Alamdari, Nima;Dadashzadeh, Fatemeh;Tarbiyat, Elham;Hedayati, Mahnaz;Saemi, Yasna and Mirzaei, Alireza

Publication Date: 2025

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 81(10), pp. 6515–6524

Abstract: Aims: This study aims to explore the relationship between nurses' knowledge, attitudes, and practices regarding older adult abuse and their caring behaviours, focusing on Iranian nurses. Design: A cross-sectional exploratory study. Methods: A cross-sectional correlational design included 250 nurses from medical education centres in Ardabil. A three-part questionnaire assessed demographic characteristics, knowledge, attitudes, and practices regarding elder abuse and caregiving. Data were collected from August to October 2024 and analysed using ANOVA, t-tests, Pearson correlations, and multiple regression analysis. Results: The study's findings are significant, revealing a moderate level of knowledge among nurses about older adult abuse. There are significant positive correlations between knowledge, attitudes, and caring behaviours, with higher education levels associated with better caring behaviours. However, practice scores did not align with knowledge and attitudes, indicating barriers such as workload and lack of training. Conclusion: The findings reveal a significant link between nurses' knowledge and attitudes toward older adult abuse and their caring behaviours. Positive attitudes are associated with higher Caring Behaviours Assessment scores, suggesting that educational programs should enhance nurses' understanding and empathy toward older adult care. Addressing the identified gaps in knowledge and practice can lead to improved patient outcomes and a more compassionate healthcare environment for older adults. It is crucial to provide continuous training and support to empower nurses to apply their knowledge in practice effectively. Impact: The study highlights the necessity for regularly occurring targeted educational interventions to enhance nurses' understanding of older adult abuse. Implementing continuous professional development programs for nurses can significantly improve patient outcomes and reduce instances of abuse. Healthcare organisations should foster supportive environments that encourage the regular reporting of suspected cases of abuse and ensure that nurses are consistently updated on best practices. Increasing community awareness about elder abuse is crucial for safeguarding vulnerable older adults. Reporting Method: EQUATOR guidelines were followed using the STROBE reporting method. Patient or Public Contribution: This study did not include patient or public involvement in its design, conduct, or reporting. Only nurses were involved in data collection.

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10. **Cortisol, Dehydroepiandrosterone, and Depressive Symptoms as Pathways From Child Abuse to Obesity**

Authors: Handley, Elizabeth D.;Russotti, Justin;Cicchetti, Dante;Levin, Rachel Y. and Ross, Andrew

Publication Date: 2025

Journal: Health Psychology 44(10), pp. 974–982

Abstract: Objective: Child abuse has been linked with obesity throughout the lifespan. The aim of the current study was to test two competing mechanisms underlying the association between child abuse exposure and obesity in childhood. Specifically, we examined whether depressive symptoms and the ratio of cortisol to dehydroepiandrosterone (DHEA), two hormones central to the stress response system, mediated the link between child abuse and

obesity. Method: This study employed a sample of 1,229 children all experiencing poverty (63.5% Black, 49.1% biological females). Approximately 40% of the participants were exposed to childhood physical, sexual, and/or emotional abuse (n = 471, 38.3%), as evidenced by coded Child Protective Service records. Cortisol and DHEA were measured with saliva samples taken in the morning across multiple days. Results: Results of structural equation modeling indicated that children with abuse histories evidenced a lower cortisol/DHEA ratio, which was associated with a greater likelihood of childhood obesity. Importantly, this pathway held while controlling for a depressive symptom pathway, pointing to the unique influence of adrenocortical dysregulation in the child abuse–obesity link. Although child abuse was associated with greater depressive symptoms, depressive symptoms were not related to obesity. Conclusion: These findings underscore that childhood adversity can "get under the skin" to affect health, even as early as childhood, and highlight that trauma-informed approaches to the clinical care of children with abuse histories represent a promising avenue for obesity prevention. Preventing child abuse occurrence and supporting children following abuse exposure may both be critical points of intervention for obesity prevention. Public Significance Statement: This study found that a dysregulated physiological response to stress may be one reason that children exposed to child abuse are at increased risk for developing obesity. This is important information that can inform the clinical care of children with abuse histories and may be a promising avenue for obesity prevention.;

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11. **Application of the Statutory Duty of Candour in the Management of Patient Safety Events: Systematic Review and Narrative Synthesis**

Authors: Harrison, Reema;Adams, Corey;Haque, Nabila Binte;Morris, Jennifer;Watson, Liat;Chauhan, Ashfaq;Danthakani, Thrivedi Sesha Sai;Ameen, Sarah;Hibbert, Peter;Manias, Elizabeth;Youngs, Nicole;Birks, Lanii;Walpola, Ramesh and Braithwaite, Jeffrey

Publication Date: 2025

Journal: Journal of Patient Safety

Abstract: Competing Interests: The authors disclose no conflict of interest.; Objective: With limited evidence to date about the application of Statutory Duty of Candour, we sought to synthesize evidence of the application of this legislation in health service organisations and determine its impacts on patients, families and staff.; Methods: A search strategy was developed and applied to 6 electronic databases, along with relevant websites, to identify evidence in published and gray literature. Eligible articles were published from 2010 onwards, reported primary or secondary analysis of data of the application of the Statutory Duty of Candour in relation to patient safety events in countries that have enacted the Duty. Two reviewers independently extracted data and assessed the risk of bias. Narrative synthesis was conducted using the Synthesis Without Meta-Analysis (SWiM) guideline. The certainty of evidence was rated by the Grading of Recommendations Assessment and Evaluation (GRADE) approach.; Results: Included articles (n=15) originated from the United Kingdom (n=14) and Ireland (n=1); 9 were retrieved from the electronic and 6 from the gray literature search. Findings predominantly focused on the implementation of duty of candour, including understanding requirements and thresholds for use (12 articles), with limited evidence of staff (2 articles), health service (2 articles), and particularly patient and carer outcomes (1 article).; Conclusions: Limited evidence is available about the use and impacts of the duty of candour

despite 10 years passing since its initial implementation in the United Kingdom. Few peer-reviewed studies have captured primary evaluative data, none of the scale and breadth in terms of health care providers required to draw conclusions about the use or effectiveness of the duty of candour for achieving open and honest communication about health care incidents.

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12. **A Pediatric Case of Benzodiazepine Poisoning Diagnosed Following the Appearance of a Brilliant Blue Tongue**

Authors: Hayashi, Yuri;Miyamoto, Takayuki;Suzuki, Manami;Sato, Hiroki;Takechi, Atsumi;Fujino, Shuji;Takahashi, Akiyoshi and Watanabe, Tsutomu

Publication Date: 2025

Journal: Case Reports in Pediatrics 2025, pp. 8864772

Abstract: Competing Interests: The authors declare no conflicts of interest.; Benzodiazepines are one of the commonly used prescription anxiolytic drugs; however, they are increasingly used for drug abuse, drug crime, and sometimes for medical child abuse. To prevent misuse of high-potency benzodiazepines, some of them are currently manufactured as a tablet with a speckled blue core that dyes liquid blue when dissolved in drinks. Diagnosing drug poisoning, especially in cases of medical child abuse, can be challenging when signs of ingesting drugs, including empty medical packages, are missing. Herein, we report an infant's case of benzodiazepine poisoning, who was diagnosed with disturbed consciousness and a blue-colored tongue. An 11-month-old boy was referred to our hospital as his tongue was colored blue. According to his family, no blue-colored items were found around him when they noticed his tongue was blue. Physical examination revealed his consciousness was slightly disturbed. Benzodiazepine poisoning was suspected from his level of consciousness and blue-colored tongue, and it was detected using a urine drug test kit (SIGNIFY ER). Medical child abuse was suspected, as accidental ingestion was not likely to happen in the circumstances heard from his family members. Everyone around him denied having benzodiazepine, and how he ingested the medicine was not revealed despite intensive investigation by the police. Benzodiazepine poisoning should be considered in patients presenting with a blue tongue with disturbed consciousness. Adding dyes to medicines commonly used for poisoning may be helpful in recognizing and preventing child abuse. (Copyright © 2025 Yuri Hayashi et al. Case Reports in Pediatrics published by John Wiley & Sons Ltd.)

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13. **Safeguarding Experiences of People in Mental Distress, Police and Healthcare Practitioners: An Integrative Review**

Authors: Heyman, Inga;Kennedy, Catriona;Grant, Aileen and Wooff, Andrew

Publication Date: 2025

Journal: Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.) 32(5), pp. 1262–1274

Abstract: Introduction: Globally, there is demand on police and emergency health services to

respond to people in mental distress. Research at this intersect has focused on decriminalisation of people with severe mental health disorders, police custody care or interagency collaborative models. There is little understanding of the experiences of stakeholders where mental distress is not associated with a severe mental disorder or criminal offence. Aim: To determine current knowledge about safeguarding of people in mental distress supported by police and healthcare practitioners. Method: A rigorous integrative review with 10 databases was searched January 2002 to January 2024. Results: The search filtered 12,451 titles and abstracts with 41 full-text articles appraised. Three overarching themes emerged: Safeguarding and care experiences of people in mental distress; intoxication, self-harm and aggression; professional perspectives and responses to people in mental distress. Discussion: Experiences are varied. Whilst there is evidence of compassion, many reported negative experiences when self-harm and intoxication are involved, inconsistent professional responses and gaps in emergency police and mental health systems. Implications for Practice: Unscheduled care and community mental health nurses have a vital role to play in identifying and influencing interdisciplinary gaps in out-of-hours emergency health and police processes to support people in mental distress to prevent repetitive distress cycles. This calls for an urgent re-imagining of unscheduled care mental health pathways, Specifically, where practice gaps impact on people who are intoxicated yet do not require inpatient care. Relevance to Mental Health Nursing (for Peer Reviewers and Editors Only): People in mental distress (PiMD) who come to police attention often require an interdisciplinary response. Unscheduled care and community mental health nurses play a key role in this support. This integrative review suggests there are systems gaps and variety in mental health and policing practice for PiMD, particularly for those who are intoxicated and/or who do not need inpatient care. Some PiMD experience cyclical, and at times, undignified and unsafe care. These gaps should be addressed through service redesign and sharing of evidence across disciplines whilst listening to and responding to perspectives of those experiencing mental distress in our communities.

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14. **An Analysis of the Diversity of Skin Colour Representation in Paediatric Nursing Practitioner Textbooks**

Authors: Huntsman, Annabelle;Pavek, Adriene;Shen, Nathan;Lyon, Justin;Palmer, Jonathan;Ney, Zachary and Hamilton, Jennifer L.

Publication Date: 2025

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 81(6), pp. 3323–3330

Abstract: Aims: Our study aims to analyse 8 commonly used textbooks to determine how diverse skin tones are represented in paediatric nursing practitioner education. Design: Literature reviewed from 2016 to 2024 demonstrated that the lack of darkly pigmented skin colour representation in health science education leads to diminished patient outcomes for these populations. Our study sought to study representation teaching images and eight commonly referenced nursing textbooks were chosen for this study, given their use in paediatric nurse practitioner education. Of the eight textbooks selected, five were analysed based on inclusion criteria. Methods: Two investigators trained in skin prototyping coded each textbook for skin colour representation and coded during 2023–2024. Coders used the widely accepted prototyping scale, the Fitzpatrick Scale (range I-VI, with I being the lightest colour skin and VI the darkest). Teaching photographs were defined as all photos used to provide

insight into a disease or diagnostic technique that included human skin. Two individual coders coded and documented data, ensuring each coder was blinded to the overall results. Results: Our analysis of 5 textbooks revealed that 2112 images met the criteria as teaching images. Of the 2112 teaching images, 593.5 included images of type IV-VI skin (darkly pigmented skin), resulting in a 28% representation of dark skin tone images. Additionally, 2 of the 82 total illustrations included patients with dark skin tones, indicating a representation of 2.5%. However, chapters addressing conditions of child abuse/neglect (55.95%) and stigmatised social issues (infectious disease, 54.88%) displayed a disproportionate representation of patients from these demographics. Conclusions: Our results highlight the importance of enhancing equitable representation in educational resources for nursing practitioners. Implications for the Profession/ Patient Care: There is room to collaborate with other health science institutions to establish clear guidelines for future improvement in expanding teaching images to include diversity representation in education. Patient or Public Contribution: No patient or public contribution.

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15. **Physical child abuse and self-reported health concerns: A case-control study including police-reported cases and unreported controls**

Authors: Justesen, Daniella;Wingren, Carl Johan;Slot, Liselott;Balsløv, Maria;Thanning, Andrea Lykke and Banner, Jytte

Publication Date: 2025

Journal: PloS One 20(9), pp. e0330601

Abstract: Competing Interests: The authors have declared that no competing interests exist.; Background: Child abuse continues to pose a significant threat to children's health. The repercussions of abuse are profound, impacting the child's physical, social, and emotional well-being, with potential long-term effects that may extend into adulthood. To assist in identifying health concerns in children associated with exposure to physical abuse, a health questionnaire was developed to be used in the setting of a forensic examination.; Objective: This study examines whether children suspected of being exposed to physical violence report more health-related concerns compared to unexposed controls.; Participants and Setting: The case group consists of children suspected of being exposed to physical violence, with reports to the Copenhagen police. Cases were examined from April 1, 2020, to December 31, 2023, at the Child Advocacy Centre (CAC) in Copenhagen, totaling 374 examinations. A control group of children aged 4-14 years with no suspicion of abuse was established through recruitment via social media platforms (Facebook, LinkedIn), posters, and word of mouth. Controls were examined from November 1, 2023, to September 30, 2024, totaling 122 examinations.; Methods: Children underwent a standardized forensic examination, which included a health interview reviewing health behaviors (e.g., diet, toothbrushing, and sleep patterns) and well-being (liking school/preschool, having friends, and trusted adults).; Results: Overall, cases reported significantly more concerns than controls on several assessed items. With multivariate logistic regression, adjusted for all significant covariates and stratified by age, two concerns remained significant. Cases aged 8-14 years, had significantly higher odds of brushing their teeth once daily or less (OR: 3.85; CI: 1.47-10.12) and reported low enjoyment of school (OR: 3.74; CI: 1.03-13.53).; Conclusions: Health interviews may support the identification of children at risk. However, the statistical power was limited, and the findings

require validation in larger populations.

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16. **Machine Learning Insights Into Social Determinants Driving Child Abuse in Pediatric Traumatic Brain Injury**

Authors: Kazemi, Foad;Horowitz, Melanie Alfonzo;Lee, David and Cohen, Alan R.

Publication Date: 2025

Journal: Neurosurgery

Abstract: Background and Objectives: Social determinants of health (SDOH) are key drivers of health inequities, shaping disparities in patient outcomes that must be addressed. This study examines the association between SDOH and suspected child abuse (SCA) in pediatric patients sustaining traumatic brain injury (TBI), leveraging newly proposed Centers for Disease Control and Prevention (CDC)/PLACES measures to identify the most contributing measure to SCA.; Methods: A retrospective review of our institutional database (2016-2023) identified pediatric TBI cases (18 years and younger) using International Classification of Diseases, 10th Revision codes based on a modified CDC framework. Cases of SCA investigated by a multidisciplinary child protection team were identified through electronic medical records review. Publicly available CDC/PLACES data were merged with the authors' data population to derive nine measures of SDOH. A composite measure of the Social Deprivation Index (SDI), with higher scores indicating worse neighborhood disadvantage, was obtained. Adjusted multivariate regression analysis examined correlation between SDOH measures and SCA. Extreme Gradient Boosting (XGBoost) machine learning and SHapley Additive exPlanations identified the key contributing factors to SCA.; Results: This study included 2945 TBI patients with a median (IQR) age of 6 (1-12) (36.6% female, 40.3% White, 7.3% Hispanic). Among the overall cohort of TBI cases, 13.3% were SCA. In multivariate regression models adjusted for age, sex, race, and ethnicity, 7 out of 9 SDOH measures were independently and significantly associated with SCA (all P-values <.01), and the SDI was also significantly correlated with SCA (P < .001). SHapley Additive exPlanations analysis identified "Unemployment among people 16 years and older in the labor force" as the most influential factor contributing to SCA, followed by "Crowding among housing units" and "Persons of racial or ethnic minority status," outperforming the SDI score.; Conclusion: SDOH, particularly unemployment, crowding, and persons of racial or ethnic minority status are strongly associated with SCA in pediatric TBI patients, highlighting the need for targeted interventions to mitigate these disparities.

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17. **Distal femoral metaphyseal fractures in children: A systematic review and meta-analysis of their significance in the context of child abuse**

Authors: Khare, Shrayash

Publication Date: 2025

Journal: Medico-Legal Journal 93(3), pp. 137–142

Abstract: Background: Distal femoral metaphyseal fractures in children pose diagnostic challenges due to potential accidental and non-accidental aetiologies. This review aims to critically analyse the evidence on the association between distal femoral metaphyseal fractures and child abuse, as well as fracture patterns aiding in distinguishing inflicted injuries from accidental injuries. Methods: A systematic review of studies involving children with distal femoral metaphyseal fractures was conducted, examining the reported associations with child abuse, fracture patterns and proposed mechanisms. Results: The review revealed a significant association between distal femoral metaphyseal fractures and child abuse, particularly in non-ambulatory infants. However, some fractures may occur accidentally, often from short falls with direct impact on the knee. Certain fracture patterns, such as transverse or oblique configurations, suggest abuse, while spiral or buckle patterns are more likely accidental. Case series and retrospective studies reported varying findings, with some studies supporting a strong association with abuse and others highlighting the potential for accidental mechanisms. Conclusions: A comprehensive evaluation, including history, physical examination, skeletal survey and multidisciplinary collaboration, is crucial for accurate diagnosis and management. Healthcare professionals should maintain a high index of suspicion for child abuse while recognising accidental mechanisms. Specific recommendations for healthcare professionals and future research directions are provided.

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18. **Reducing Problematic Parenting Behaviors, Child Neglect, and Internalizing and Externalizing Problems in Multisystemic Therapy for Child Abuse and Neglect**

Authors: Kirsch, Tom;Munsch, Simone;Meyer, Andrea and Schmid, Marc

Publication Date: 2025

Journal: Child Maltreatment , pp. 10775595251381267

Abstract: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) has been shown to effectively reduce social worker-assessed child neglect and child problems. However, no research has examined the effects of MST-CAN on parenting behaviors or identified which intervention targets are associated with reductions in child problems. This study examined changes in child internalizing and externalizing problems, parental psychological control, neglectful parenting, and social worker-assessed neglect, accounting for therapist effects, and assessed how parenting and neglect predict child outcomes in 143 parent-child dyads in Switzerland (mean child age = 10.5 years, 54.1% boys). Multilevel regression showed significant reductions in social worker-assessed neglect ($b = 14.10$, $SE = 3.49$, $p < .001$) and child problems ($b = 4.97$, $SE = 0.88$, $p < .001$) with low intraclass correlation coefficients (ICC = .049, ICC = .017). Neglectful parenting ($b = 0.03$, $SE = 0.05$, $p = .640$) and psychological control ($b = 0.10$, $SE = 0.07$, $p = .140$) were not significantly reduced. Parenting and social worker assessed neglect did not affect changes in child problems. Findings demonstrate MST-CAN's effectiveness in reducing social worker-assessed neglect and child problems but highlight the need for targeting psychological control and multi-method and multi-informant assessments of parenting behaviors.

19. **Assisted dying bill: Lords debate concerns over lack of safeguards.**

Authors: Limb, Matthew

Publication Date: Sep 15 ,2025

Journal: BMJ 390, pp. r1942

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20. **Sentinel Injuries in Emergency Departments and Subsequent Serious Injury in Children**

Authors: Mitrano, Stephanie M.;Michelson, Kenneth A.;Monuteaux, Michael C.;Lindberg, Daniel M.;Farrell, Caitlin A. and Li, Joyce

Publication Date: 2025

Journal: Annals of Emergency Medicine

Abstract: Study Objective: Sentinel injuries in young children are minor injuries that can raise suspicion of physical abuse. Although early identification is critical, widespread screening of patients can incur unintended harm to both children and their families. We determined the frequency of serious abusive injury within 12 months following an emergency department (ED) encounter for a sentinel injury.; Methods: Using the Healthcare Cost and Utilization Project State ED and Inpatient Databases, we identified children 0 to 24 months of age with an ED diagnosis of a sentinel injury between 2014 and 2019. Our primary outcome was serious abusive injury (admission for serious injury or death with a child abuse diagnosis) within 12 months of a sentinel injury ED visit.; Results: Among 23,919 children with a sentinel injury ED visit (median age 5 months, 53% boys), bruise or fracture was diagnosed in 14,501 children (60.6%). In the 12 months following the sentinel injury visit, serious abusive injury was diagnosed in 176 (0.7%) patients. At the index ED encounter, abuse was diagnosed in 1,156 children (4.8%); 96 (8.3%) of these patients had an additional serious abusive injury diagnosed within 12 months.; Conclusion: Subsequent diagnosis of a serious abusive injury was uncommon after an initial ED sentinel injury diagnosis. Of all children in whom abuse was diagnosed during the study period, the majority of patients were diagnosed at the sentinel injury ED visit, with nearly 1 in 12 at risk for subsequent serious injury. Prospective studies are needed to further risk-stratify children with sentinel injuries.

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21. **Do purpose in life and self-directedness mediate the effects of child abuse on anxiety and depression symptoms 18 years later?**

Authors: Rajendra, Sarah Josephine;Van Doren, Natalia and Zainal, Nur Hani

Publication Date: 2025

Journal: Journal of Affective Disorders 393, pp. 120221

Abstract: Competing Interests: Declaration of competing interest The authors declare that

they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. This study utilized data from the MIDUS (Midlife in the United States) project, which has been funded by the John D. and Catherine T. MacArthur Foundation Research Network and the National Institute on Aging (P01-AG020166 and U19-AG051426) since 1995. The original MIDUS project investigators and funding agencies are not responsible for the analyses or interpretations presented in this study. Dr. Nur Hani Zainal received funding support from the National University of Singapore (NUS) Presidential Young Professorship (PYP) Start-Up Grant and White Space Fund. Dr. Natalia Van Doren was funded by the United States National Institute on Drug Abuse (T32DA007250). These funding sources had no involvement in the study design, collection, analysis, and interpretation of data, writing of the report, or the decision to submit the article for publication. Sarah Josephine Rajendra reports no specific funding for this work. The authors confirm that there are no known conflicts of interest associated with this publication. The authors have no financial or non-financial interests to declare that are relevant to the content of this article.; Background: Childhood maltreatment is a transdiagnostic risk factor that is robustly associated with the development of anxiety and depressive disorder symptoms in adulthood. This study thus aimed to investigate potential mediators between early childhood abuse and adult psychopathology severity using data from an 18-year longitudinal study among community-dwelling adults in the U.S.; Method: Retrospective self-reports of maternal and paternal abuse from Wave 1 (W1) were used to predict symptom severity of Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) at Wave 3 (W3) for a sample of 3,294 adults. Self-reported purpose in life and self-directedness measured at Wave 2 (W2) were examined as potential mediators of this relationship. Each assessment wave was spaced about nine years apart. All models adjusted for W1 symptom severity.; Results: Results from longitudinal structural equation modeling (SEM) revealed a significant mediating effect of lower W2 purpose in life in the relationship between higher W1 maternal and paternal child abuse and greater W3 GAD and MDD symptoms in adulthood (Cohen's d range = 0.221-0.279). Further, lower W2 self-directedness mediated the association between greater W1 paternal child abuse and higher W3 GAD severity (d = 0.209) but not between W1 maternal abuse and W3 GAD symptoms in adulthood. W2 self-directedness also did not mediate the effects of child abuse on adulthood MDD symptoms.; Discussion: Raising a sense of purpose in life and self-directedness might be key treatment targets to treat and prevent GAD and MDD in adults who experienced maltreatment in childhood.

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22. **Medical assessment of suspected traumatic head injury due to child maltreatment (THI-CM)**

Authors: Shouldice, Michelle;Ward, Michelle G. K.;Nolan, Kathleen and Cory, Emma

Publication Date: 2025

Journal: Paediatrics & Child Health 30(3), pp. 184–196

Abstract: Competing Interests: All authors: No reported conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.; Traumatic head injury due to child maltreatment (THI-CM) is a serious form of child abuse with significant morbidity and mortality, particularly in infants and young children. Healthcare providers have

important roles to play, including identifying and treating these children, reporting concerns of child maltreatment to child welfare authorities, assessing for associated injuries and medical conditions, supporting children and their families, and communicating medical information clearly to families and other medical, child welfare, and legal professionals. Symptoms associated with head trauma often overlap with those of other common childhood illnesses, and external signs of injury may be subtle or absent. As a result, THI-CM is frequently overlooked and its identification is often delayed, leading to a risk of ongoing injury. Assessing for head trauma in cases of possible child maltreatment includes considering medical causes for clinical findings and assessment for occult injuries. This practice point provides health care providers with guidance for identifying and medically assessing suspected THI-CM in infants and children.

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23. **International guidelines for the imaging investigation of suspected child physical abuse (IGISPA): a protocol for a modified Delphi consensus study**

Authors: Sidpra, Jai;Kemp, Alison M.;Nour, Amal Saleh;Christian, Cindy W.;Robinson, Claire;Mirsky, David M.;Holmes, Hannah;Chesters, Heather;Nurmatov, Ulugbek;Pizzo, Elena;Kan, Elaine Y.;Wawrzkowicz, Emilia;Bliss, Harry;Knight, Laura;Lucato, Leandro T.;Kvist, Ola;Kelly, Patrick;Servaes, Sabah;Rosendahl, Karen;Arthurs, Owen John, et al

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Journal: BMJ Open 15(9), pp. e101693

Abstract: Competing Interests: Competing interests: JS is supported by University College London and Cancer Research UK (City of London Centre award SEBCATP-2022/100008) and has received conference travel support from the European Society of Paediatric Radiology. EP is supported by the National Institute for Health and Care Research ARC North Thames. The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care. CWC, KM, and ACO provide medicolegal expert work in child abuse cases. ACO is a trustee for and co-chair of the Research Subcommittee of the Sheffield Children's Hospital Charity. All other authors declared no competing interests. On behalf of all authors, the corresponding author asserts that no financial relationships or activities exist that could appear to have influenced the submitted work.; Introduction: Radiological imaging is a central facet of the multidisciplinary evaluation of suspected child physical abuse. Current guidelines for the imaging of suspected child physical abuse are often unclear, incomplete and highly variable regarding recommendations on critical questions, thereby risking clinical heterogeneity, unstructured decision-making and missed diagnoses. We, therefore, aim to develop and report an evidence-based and consensus-derived international guideline for the radiological investigation of index and contact children in the context of suspected physical abuse and to ascertain areas of scientific uncertainty to inform future research priorities.; Methods and Analysis: The international guidelines for the imaging investigation of suspected child physical abuse (IGISPA) consensus group includes formal representation from 127 recognised experts

across 14 subspecialties, six continents and 32 national and/or international organisations. Participants will be divided into five longitudinal subgroups (indications for imaging, skeletal imaging, visceral imaging, neuroimaging and postmortem imaging) with three cross-cutting themes (radiography, genetics and adaptations for low- and lower-middle-income countries). Each subgroup will develop preliminary consensus statements via integration of current evidence-based guidelines, systematic literature review and the clinical expertise of a multinational group of experts. Statements will then undergo anonymised voting in a modified e-Delphi process and iterative revision until consensus (≥80% agreement) is achieved. Final statements will undergo both internal and external peer review prior to endorsement.; Ethics and Dissemination: As an anonymous survey of consenting healthcare professionals, this study did not require ethical approval. Experts provided written informed consent to participate prior to commencement of the modified Delphi process. The IGISPA consensus statement and any subsequent guidance will be published open access in peer-reviewed medical journals. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

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24. **The Life Course of Abused Men—A Time-Geography Life-Chart Interview Study in a Psychiatric Care Context**

Authors: Sjögran, Lotta;Örmon, Karin;Sjöström, Karin and Sunnqvist, Charlotta

Publication Date: 2025

Journal: Issues in Mental Health Nursing 46(8), pp. 822–831

Abstract: Experience of abuse as a life event is common among men in a psychiatric care context. Systematically charting life events and abuse plays a central role within psychiatric and mental health nursing and could improve the understanding of the patient's life situation. The aim of the study was to explore the life course of male psychiatric patients who had experienced domestic abuse as victims and as perpetrators. An interview study was performed with nine informants using a time-geographic method followed by a qualitative analysis approach. The analysis of life events resulted in four categories—living the everyday life, adverse life experiences, the lived experience of abuse exposure and perpetration, and systems of support. The categories were then synthesized and presented through a constructed case. The study reveals that the men faced severe domestic abuse, difficult home conditions, and a lack of support during childhood. Further, they encountered stressful events and mental health issues in adulthood. These findings offer deeper insights into the lives of men with abuse experiences. The knowledge obtained provides valuable information about important life events, including abuse and perpetration, of male psychiatric patients, which may encourage a patient narrative suitable for good psychiatric and mental health nursing practice.

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25. **Predicting Adverse Childhood Experiences from Family Environment Factors: A Machine Learning Approach**

Authors: Tawiah, Nii Adjetey;Appiah, Emmanuel A. and White, Felisha

Publication Date: 2025

Journal: Behavioral Sciences (Basel, Switzerland) 15(9)

Abstract: Adverse childhood experiences (ACEs) are associated with profound long-term health and developmental consequences. However, current identification strategies are largely reactive, often missing opportunities for early intervention. Therefore, the potential of machine learning to proactively identify children at risk of ACE exposure needs to be explored. Using nationally representative data from 63,239 children in the 2018-2020 National Survey of Children's Health (NSCH) after listwise deletion, we trained and validated multiple machine learning models to predict ACE exposure categorized as none, one, or two or more ACEs. Model performance was assessed using accuracy, precision, recall, F1 scores, and area under the curve (AUC) metrics with 5-fold cross-validation. The Random Forest model achieved the highest predictive accuracy (82%) and demonstrated strong performance across ACE categories. Key predictive features included child sex (female), food insufficiency, school absenteeism, quality of parent-child communication, and experiences of bullying. The model yielded high performance in identifying children with no ACEs (F1 = 0.89) and moderate performance for those with multiple ACEs (F1 = 0.64). However, performance for the single ACE category was notably lower (F1 = 0.55), indicating challenges in predicting this intermediate group. These findings suggest that family environment factors can be leveraged to predict ACE exposure with clinically meaningful accuracy, offering a foundation for proactive screening protocols. However, implementation must carefully address systematic selection bias, clinical utility limitations, and ethical considerations regarding predictive modeling of vulnerable children.

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26. **Midwives' practices to support women experiencing intimate partner violence who do not seek help**

Authors: TOIMOTO, Hiromi;OKAWA, Satoko and MIKI, Akiko

Publication Date: 2025

Journal: Journal of Japan Academy of Midwifery 39(1), pp. 112–125

Abstract: Purpose Research on perinatal practices of midwives is limited, particularly in cases where female victims of intimate partner violence (IPV) cohabiting with their partners do not voluntarily seek help. Through interviews with midwives experienced in handling IPV cases in medical settings, this study explored strategies that midwives use to support these women. Methods The study included midwives working in medical facilities involved in perinatal IPV victim support or those with structured IPV-focused practices. A qualitative descriptive research design was used, conducting semi-structured online interviews. Verbatim transcripts were coded and abstracted to focus on the characteristics of women experiencing IPV without seeking help and their families, and the corresponding midwifery practices. Codes were analyzed for similarities and differences to generate subcategories and categories. The study received approval from the research ethics committees of Kobe Women's University and Kobe Tokiwa University. Results Seven midwives from three medical facilities participated in the study. Three categories were identified describing the characteristics of women experiencing IPV without seeking help and their families: "inability to recognize IPV as an issue", "resistance to interventions disrupting family balance", and "children at risk in closed domestic environments". Six categories describing practices to support such women emerged. Midwives

need: "to be certain to accumulate evidence based on signs of concern", even if the woman does not ask for help voluntarily; to be able to understand a couple's relationship by "engaging in repeated in-depth questioning again and again throughout the course of maternity care"; "to help women recognize IPV and how to signal for help", and "to assess a couple's ability to care safely for children". Furthermore, midwives should not only "ensure that support relationships and care are handed down to the community" but also try to "Creating an in-hospital system to maintain connections with families even after they are discharged". Conclusion Although continued cohabitation with the husband poses a high risk of child abuse, women often do not recognize IPV as a problem and resist home interventions. In this situation, midwives applied the following practices. They used IPV screening as a communication tool to discuss marital relationships, and identified IPV by focusing on the marital relationship in various maternity care settings. They fostered trusting relationships with women and created a safe environment in which to talk, using a trauma-informed approach to encourage women to confide their experiences of IPV while also taking into consideration the effects of trauma and creating a sensitive and tactful context. They instructed women in how to signal for help and informed them about how hospitals and public health nurses can serve as a source of support and how hospitals will provide different forms of care. They provided information to public health nurses to assist their assessment of parents' readiness and specific challenges as part of their provision of targeted care. Midwives also assisted public health nurses in nurturing the couple's motivation to receive community support, and promoted the development of a relationship between the couple and public health nurses. In other words, it is important for midwives to assess the couple's relationship, encourage women to acknowledge IPV and seek help, and ensure collaboration with to connect support systems, enabling couples to safely raise their children.

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27. **Nursing Care of Patients With Intellectual Developmental Disabilities in Intensive Care Units: A Phenomenological Study**

Authors: Watson, Adrianna Lorraine;Sutton-Clark, Gabby;Anderson, Matthew;Prescott, Sara;Young, Chelsey and Tapp, Daluchukwu Megwalu

Publication Date: 2025

Journal: American Journal of Critical Care 34(5), pp. e37–e45

Abstract: Background: Patients with intellectual developmental disabilities face significant health care disparities, particularly in intensive care units, where the complexity of care and lack of tailored protocols exacerbate challenges. Nurses often encounter a knowledge gap in meeting these patients' unique needs, contributing to poorer outcomes. Objective: To explore the experiences of nurses caring for patients with intellectual developmental disabilities in an intensive care unit to inform strategies for improving the nursing care of this patient population. Methods: This study used a descriptive phenomenological design grounded in Edmund Husserl's philosophy and an interpretivist paradigm. Semistructured interviews were conducted via online videoconferencing with licensed nurses in the United States who had cared for patients with intellectual developmental disabilities in intensive care units within the past 5 years. Thematic analysis was used to identify key findings, contextualized using Betty Neuman's systems model to facilitate immediate bedside application for critical care nursing practice. Results: Five themes emerged: equity and safeguarding, family or caregiver

involvement, building ties with people with intellectual developmental disabilities, a need for specialized processes, and need for enhanced nursing support. Conclusions: The findings show that nurses and health care administrators should invest in specialized training and support for nursing staff. Caring for a vulnerable patient population that needs specialized care requires environmental and systemic adaptability as well as dedicated resources to be successful.

Sources Used:

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

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