Safeguarding

Current Awareness Bulletin

November 2025

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  Next sessions: 28th November @ 12 noon & 9th December @ 1pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

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1. **Child Sexual Abuse in Foster and Kinship Care, Special Guardianship and Adoption: Learning from safeguarding reviews 2007–2022, Good Practice Guide**

Authors: Allen, Camelia Chowdhury

Publication Date: 2025

Journal: Adoption & Fostering 49(3), pp. 396–398

Abstract: The article focuses on a two-part guidance developed by CoramBAAF aimed at protecting looked-after children from sexual abuse in care settings. The first part, the Good Practice Guide, synthesizes findings from safeguarding reviews conducted between 2007 and 2022, highlighting the increased vulnerability of children who have experienced loss and adverse life events. It emphasizes the need for professionals to recognize signs of abuse and to challenge assumptions of safety within care environments, as many perpetrators exploit their trusted positions to evade detection. The companion Guide provides practical strategies for social workers and other professionals to enhance vigilance and ensure the safety of children in care. Both guides serve as essential resources for fostering critical thinking and improving safeguarding practices.

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2. **Artificial General Intelligence and Its Threat to Public Health**

Authors: Armitage, Richard C.

Publication Date: 2025

Abstract: Background: Artificial intelligence (AI) is increasingly applied across healthcare and public health, with evidence of benefits including enhanced diagnostics, predictive modelling, operational efficiency, medical education, and disease surveillance.However, potential harms – such as algorithmic bias, unsafe recommendations, misinformation, privacy risks, and sycophantic reinforcement – pose challenges to safe implementation.Far less attention has been directed to the public health threats posed by artificial general intelligence (AGI), a hypothetical form of AI with human-level or greater cognitive capacities. Objective: This article explores the benefits and harms of current AI systems, introduces AGI and its distinguishing features, and examines the threats AGI could pose to public health and humanity's survival. Discussion: Unlike 'narrow' AI, AGI could autonomously learn, generalise across domains, and self-improve, potentially achieving superintelligence with unpredictable behaviours.AGI threatens public health through two broad categories: (1) misuse, where adversaries deploy AGI for cyberattacks, disinformation campaigns, or to develop chemical, biological, radiological, and nuclear (CBRN) weapons; and (2) misalignment, where poorly aligned AGI pursues goals in harmful ways, leading to loss of human control, erosion of autonomy, and potentially existential risk.The population-level consequences include widespread unemployment, reduced trust in health systems, catastrophic biological threats, and risks to human survival. Conclusion: Healthcare and public health professionals have a critical role in framing AGI risks as health threats, building coalitions akin to historic movements against nuclear war, and collaborating with AI researchers, ethicists, and policymakers.Leveraging their expertise, trust, and global networks, these professionals can help ensure that AI development prioritises human wellbeing and safeguards humanity's future.

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3. **Ethical challenges confronted in non-clinical, public health research with young people in England**

Authors: Barker, Rhiannon;Plackett, Ruth;Price, Anna;Canvin, Krysia;Hartwell, Greg and Bonell, Chris

Abstract: This opinion piece emerged from a collaboration of mental health researchers working on the National Institute of Health Research 3-schools mental health programme in underserved communities. The aim is to encourage debate and reflection on the challenges encountered with university research ethics committees when undertaking qualitative research with vulnerable young people. We explore the tension between principles of safeguarding and protection of research participants, on the one hand, and the potential for this oversight to become obstructive and thus to effectively stifle the voices and experiences of an already marginalised population, on the other hand.

4. **Community-Based Victimization Prevention Education for Children and Youth With Intellectual and Developmental Disabilities: A Scoping Review**

Authors: Bődi, Csenge B.;Ortega, Diana P.;Walsh, Kerryann and Bright, Melissa A.

Abstract: Children and youth with intellectual and developmental disabilities (IDD) face a high risk of victimization (including child abuse, neglect, bullying), yet prevention strategies for this population remain underrepresented and under-evaluated. This scoping review analyzes ten community-based victimization prevention programs for youth with IDD (ages 10–25) across North America, the Middle East, Europe, and Australia. Programs varied in structure, content, and teaching strategies, with all delivered over multiple sessions and most including evaluations of learning outcomes or implementation quality. However, none were adapted on a broad scale across multiple settings, populations, or geographic regions or addressed multiple forms of victimization. Given the effectiveness of prevention education in related fields, rigorous evaluation and tailored, evidence-based approaches are needed to enhance their impact. This review highlights existing programs, their methodologies, and the available evidence on their effectiveness, identifying key areas for future research and development in victimization prevention for children and youth with IDD.

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5. **Domestic abuse against older adults—What can s42 case files tell us? Open Access**

Authors: Bows, Hannah;Bromley, Paige and Penhale, Bridget

Abstract: The Care Act 2014 requires local authorities to conduct safeguarding enquiries whenever abuse of an adult with care and support needs is suspected or confirmed (Section 42 enquiries) and provides a useful data source for examining domestic abuse (DA) against older people in this context. This article presents data from a qualitative content analysis of 172 enquiries into abuse of an adult aged sixty or over carried out by a large safeguarding partnership during 2019. By looking across cases, we identified around one-third of potential DA cases had not been identified as such and this was particularly the case in non-partner family abuse. Key findings include older adults experiencing DA are equally, if not more, likely to be abused by an (adult) child/offspring, most adults at risk were female and suspects were male, and of particular note was that polyvictimization was more common than single type abuse. We consider the implications for social work policy and practice concerning risk and safeguarding enquiries.

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6. **An interview with Claire Hilton: perspectives on the dignity and care of older people in health and social care settings**

Authors: Brown, Stefan and Hilton, Claire

Abstract: Purpose: This paper aims to provide a record of the 1960's development of thinking and practice associated with promoting the care and dignity of older people. Design/methodology/approach: Interview. Findings: This interview sheds light on the development of health and social care policy and practice in the UK, particularly how the safeguarding of adults emerged out of work on the promotion of the rights of older people with mental health needs, including their right to care and dignity. It gives an insight into the work of Barbara Robb and the organisation she founded, Aid for the Elderly in Government Institutions, which successfully drew government attention to the poor standards of care for older people in NHS hospitals. Originality/value: This is an original interview, as commissioned by Dr Jeremy Dixon (Series Editor).

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7. Safeguarding children and supporting families: A longitudinal programme evaluation using routine data

Authors: Buivydaite, Ruta;Kelly, Jean;Thomas, Steve;Lambert, James;Vincent, Charles and Tsiachristas, Apostolos

Abstract: Competing Interests: Declaration of competing interest The authors declare that they have no conflicts of interest.; Background: Oxfordshire County Council introduced Family Solutions Plus (FSP), a family-centred safeguarding model emphasising whole-family support alongside statutory 1 protection.; Objective: To evaluate the effectiveness of FSP in enabling children at risk to remain safely with their families, and to contribute methodological innovation to the evaluation of complex social care interventions.; Participants and Setting: The study included 6816 children in statutory safeguarding services across three cohorts: pre-FSP (n = 2218), transition (n = 3145), and post-FSP (n = 1624).; Methods: We developed an approach to reorganise routine administrative data to track individual child journeys through services. Propensity score matching and doubly robust regression were used to reduce bias and strengthen causal inference between pre- and post-implementation cohorts.; Results: Compared to the pre-FSP cohort, children receiving FSP had fewer and less intensive care plans, spent significantly less time in services (Child in Need: 107 days less; Child Protection: 166 days less; Looked After: 8 days less), and were 53 % less likely to reach the most intensive intervention ($p < 0.01$). They were also more likely to step down and less likely to escalate between plans.; Conclusions: FSP was associated with improved outcomes for children and families, with reduced disruption and more responsive support. The study makes three unique contributions: (1) a methodological innovation enabling analysis of individual child journeys in administrative data; (2) the application of robust matching techniques in social care evaluation; and (3) evidence that therapeutic, family-centred safeguarding can reduce statutory involvement while maintaining safety. (Copyright © 2025. Published by Elsevier Ltd.)

8. **Little Things Mean A Lot**

Authors: Chadwick, Ruth

Publication Date: 2025

Journal: Bioethics 39(9), pp. 787

Abstract: The article discusses the challenges faced by healthcare professionals in hospitals, particularly regarding the care of frail elderly patients and the loss of essential personal items, such as dentures. It highlights a specific incident where a patient's lost dentures led to a discussion about the ethical implications of dignity and the capacity to function physically without such items. The author suggests that hospitals should implement systems to safeguard critical possessions that support patients' physical functioning, like dentures, spectacles, and mobility aids, as these items are integral to maintaining a sense of normality and well-being. The article advocates for routine checks on these essential items, similar to medication administration checks, to enhance patient care amidst resource constraints.

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9. **Trusted Professional Multi-Agency Transitions for Young People Facing Multiple Disadvantage – Learning from Co-Production by a Third Sector Partner in the Plymouth Alliance, UK**

Authors: Doyle, Gemma;Mitchell, Sean;Hawley, Sue;Krysiak, Katy and Gradinger, Felix

Publication Date: Jul ,2025

Journal: International Journal of Integrated Care (IJIC) 25(3), pp. 1–15

Abstract: Introduction: This case study provides practice-based reflections on challenges and potential solutions for young people with multiple disadvantages across housing, substance misuse, mental health, criminal justice, and domestic abuse systems, informed by 4 local principles: trauma informed, learning based, an alliance commissioning ethos, and workforce development. Description: To improve the current experiences of 17–25-year-olds in service transition iterative insights drew from networking staff across sectors, clinical audit and following live cases, and appreciative enquiries with young people. This was conducted by a practitioner researcher in a local Young Person's charity and was supported by peer researchers with lived experience and embedded researchers-in-residence. Discussion: This describes the scale of the challenge where compound need and intersectional disadvantage, wider determinants, complex pathways, and public and third sector service systems collide. Relational practices were tested to support navigating system challenges, better tailor to young people's abilities and needs and improve integrated care partnership working and workforce development. Conclusion: Plymouth has a history of integration with the Alliance for Complex Needs. Context and localised solutions matter for integrating care, yet remain underreported especially for underserved, and marginalised young people and using whole systems approaches co-produced with the third sector. Investment into academia-practice partnerships is crucial to make learning portable.

10. Manual strangulation as a form of child abuse in an adolescent causing vertebral artery dissection: A case report

Authors: Dunbar-Abbaei, Nancy and Okeson, Karli

Publication Date: 2025

Journal: The American Journal of Emergency Medicine

Abstract: Competing Interests: Declaration of competing interest All authors have no financial or personal conflicts of interests to disclose.; Manual strangulation as a form of child abuse is rarely reported, yet it carries significant risks for both medical and mental health outcomes. Here, we present the case of a 16-year-old female who presented to the ED following non-fatal strangulation by her mother and brother. While physical exam demonstrated minor abrasions and bruising, CT angiogram head and neck revealed a vertebral artery dissection. Following this incident, the patient re-presented several times for suicide attempts. This case highlights the importance of considering imaging as part of the ED workup of non-fatal strangulation and ensuring access to mental health resources for victims. (Copyright © 2025 Elsevier Inc. All rights reserved.)

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11. Institutional Abuse, Neglect and Harm in UK Community Mental Health Services: A Scoping Review of the Peer-Reviewed Evidence

Authors: Edwards, Bethan M.;Meudell, Alan;Thomas, Ellen;Broeckelmann, Eva;Roberts, Eva;Farmer, Mark;Ghafoor, Naomi;Markham, Sarah;Robinson, Catherine A.;Sweeney, Angela;Carr, Sarah and Clark, Michael

Publication Date: 2025

Journal: Health Expectations 28(5), pp. 1–31

Abstract: Background: Statutory guidance relating to the prevention of institutional abuse, neglect and harm does not reflect the contemporary organisation of UK community mental health services. Historical associations with inpatient and residential settings have created a practice and conceptual gap despite lived experience testimony, inquiries and media reports attesting to the phenomena in community mental health services. Aim: To describe the peer-reviewed evidence on the phenomena of institutional abuse and neglect associated with harm in UK community mental health services for adults of working age. Methods: We searched nine indexed databases for primary and secondary research (any methodology), theoretical papers and commentaries published between 2000 and 2025. We extracted and charted papers' substantive characteristics and findings, and conducted a descriptive synthesis to identify the phenomena's characteristics and potential causal factors. Findings: Twenty-two papers met inclusion criteria, consisting of primary research utilising qualitative or observational methods (n = 12), secondary research (n = 6), lived experience narratives (n = 3) and a community consultation (n = 1). Institutional neglect was the principal phenomenon described, with gaps and inadequacies in accessing institutional provisions a primary mechanism. Associated harms included suicide, homicide and psychological harms. People diagnosed with a personality disorder, labelled 'hard to engage' and who self-harm were amongst the population affected. Inter-related potential causal factors spanned national,

institutional and individual levels, with resources a primary factor. Conclusions: Our scoping review advances conceptual knowledge about the characteristics and potential causal factors of institutional abuse, neglect and harm in UK community mental health services. This provides a robust foundation for future research endeavours to inform safeguarding and patient safety policy and practice. Patient and Public Contribution: The review was conceptualised, led and conducted by lived experience researchers who are current and/or previous users of mental health services. A Lived Experience Advisory Group (LEAG) was involved in the review's synthesis, manuscript preparation and are review authors.

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12. Safeguarding children with disabilities: a life course perspective

Authors: Flynn, Susan

Publication Date: Sep ,2025

Journal: Journal of Public Child Welfare 19(5), pp. 979–996

Abstract: Abuse of children with disabilities occurs at significantly higher rates than for their majority population peers. Compounding this are complex barriers to effective professional safeguarding. Rather than viewing this as a matter exclusively about childhood, maltreatment ought to be conceptualized as occurring across a wider life course trajectory for children who are victimized. To achieve this broader perspective, lifespan effects will be understood through the critical application of seminal developmental lifespan theories. Moving forward, the complexity that underlies persistence, in disproportionately higher rates of maltreatment of children with disabilities, should be considered relevant across a long and varied life course.

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13. An evaluation of online safeguarding training: a mixed-methods study

Authors: Godbold, Rosemary;Whiting, Lisa;Herbland, Anthony and Greco, Honey-Anne

Publication Date: 2025

Journal: Journal of Adult Protection 27(5), pp. 248–261

Abstract: Purpose: The purpose of this study was to evaluate the efficacy of online safeguarding training following the switch from in person to online delivery in the Covid-19 pandemic, and its impacts on safeguarding practice across a large Integrated Care System in England. Design/methodology/approach: A mixed-methods approach was used. Phase 1 comprised analysis of 2,415 postevaluation surveys across 29 safeguarding training sessions that yielded quantitative and free text data. In the second, qualitative phase, interviews were held with a variety of thirteen health and social care professionals. Findings: Phase 1 findings demonstrated that, for most, online training was deemed to be effective for achieving training goals, with potential ongoing positive effects on safeguarding practice. Pros and cons of online training were identified, but ultimately, the convenience offered outweighed any loss of social and networking opportunities offered by face-to-face delivery. Suggestions were made for facilitating networking and collegiate working during online training. Actual impacts on safeguarding practice were described by health and social care practitioners who took part in the second, qualitative phase, demonstrating substantial ongoing changes to practice following

online safeguarding training. Originality/value: To our knowledge, the scale and scope of this study is novel, particularly the number of posttraining evaluation surveys included in the analysis. The qualitative phase yielded new insights into both the experience of online safeguarding training and lasting transfer of knowledge and skills gained to safeguarding practice in a variety of health and social care settings.

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14. Fabricated or Induced Illness in Children: Experience of a Tertiary Australian Children's Hospital

Authors: Hanna, Sandra;Balzer, Ben W. R. and Garside, Lydia J.

Publication Date: 2025

Journal: Journal of Paediatrics and Child Health

Abstract: Aims: Fabricated or Induced Illness in Children (FIIC) is a complex form of child abuse. Harm to the child is both iatrogenic and psychological, driven by caregivers. Our aim was to characterise the clinical features and outcomes of FIIC cases in a tertiary Australian child protection unit (CPU).; Methods: Retrospective review of cases referred for concerns of FIIC over a 15-year period from 1 January 2006 to 31 December 2020. Cases were excluded if they did not meet the Royal College of Paediatrics and Child Health (RCPCH) definition of FIIC or if there was inadequate information available.; Results: Twenty-two referrals fulfilled the criteria for diagnosis of FIIC, constituting 0.23% of all referrals for physical abuse and neglect. There was a 4-year duration between first presentation and first concern for FIIC being raised. Indirect evidence of FII was identified in 95% of cases, and only one case had direct evidence in the form of laboratory proof of poisoning. Additional child protection concerns were identified in 36% of cases. Statutory child protection reporting was made in most cases (77%). In 65% of the total cases, the child remained with the carer, who continued to seek excessive medical care-all were cases of indirect FIIC.; Conclusions: Children with indirect evidence of FIIC are at risk of further harm through unnecessary and extensive medical investigations. Statutory agency intervention is often required, and further research is needed to identify effective multi-agency management strategies. (© 2025 Paediatrics and Child Health Division (The Royal Australasian College of Physicians).)

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15. Physical, Mental, and Behavioral Health After Adverse and Benevolent Childhood Experiences: A Comparison of Two Adversity Conceptualizations

Authors: Ho, Grace W. K.;Chan, Ko Ling;Wong, Kwan Ho;Leung, Sau Fong and Karatzias, Thanos

Publication Date: 2025

Journal: Psychological Trauma: Theory, Research, Practice & Policy 17(8), pp. 1597–1605

Abstract: Objective: Adverse and benevolent childhood experiences (ACEs and BCEs) impact health across the lifespan. No known study has investigated these associations across different health domains using a representative adult sample. This study examined the associations between adult physical, mental, and behavioral health with ACEs and BCEs

based on two ACEs conceptualizations. Method: A cross-sectional population-based survey was conducted in Hong Kong. Thirteen ACEs were measured and conceptualized as cumulative ACE scores and ACE patterns. Self-reports of BCEs; 10 physical health problems; current mental health; posttraumatic stress; history of diagnosed mental illness; suicidal thought and suicide attempt; and engagement in three health risk behaviors (smoking, illicit substance misuse, binge drinking) were also included. A series of regression analyses were conducted to examine the association between childhood experiences and health. Results: In a random sample of 1,070 Hong Kong adults (Mage = 41.78 years; 53.93% female; mean ACEs = 1.64), 649 (60.65%) reported at least one ACE. Four ACE patterns were identified (Low ACEs, Household Instability, Household Violence, and High ACEs). Higher ACE scores associated with poorer health in a dose–response fashion. Two ACE patterns shared similar average ACE scores but differentially linked with outcomes across health domains. High BCEs negatively associated with mental and behavioral health problems. Conclusions: Public health responses to ACEs should consider both the accumulation and co-occurrence of ACE exposure. Schools, neighborhoods, and the wider community should take an active role in helping children and families create more positive experiences as a universal prevention strategy to safeguard population health. Clinical Impact Statement: Exposure to more adverse childhood experiences (ACEs) is associated with poorer adult health in a dose–response fashion. The present study further showed that different patterns of ACE co-exposure are differentially linked with physical, mental, and behavioral health outcomes, and having more benevolent childhood experiences can protect adult mental and behavioral health. When screening for ACEs as part of health assessment, both ACEs and benevolent childhood experiences, and the number and types of ACEs exposed matter.

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16. **Optimal and Harmful Social Media Use by Teens With Disabilities: Leveraging Benefits While Minimizing Adverse Effects**

Authors: Johnson, Rommel and Mora, Elaine

Publication Date: 2025

Journal: Journal of Applied Rehabilitation Counseling 56(3), pp. 227–251

Abstract: This article investigates the dual role of social media as both a beneficial and a harmful tool for teens with disabilities (TWDs), emphasizing its impact on identity formation, self-expression, and community engagement. Social media platforms provide TWDs with opportunities for autonomy and empowerment, offering an avenue to connect with peers, share personal stories, and engage in self-advocacy. However, the same platforms pose significant risks, including cyberbullying, loss of privacy, and problematic social media use. The article highlights rehabilitation professionals' need to understand these underlying forces, ensuring that TWDs can leverage social media's benefits while minimizing its adverse effects. By reviewing existing frameworks, such as the Kaye framework for social media usage, and introducing a novel construct of optimal social media use, the article delineates strategies for effective social media engagement. Key recommendations include adopting harm reduction approaches and employing cognitive behavioral therapy to address behavioral addictions. The article calls for further research to deepen understanding and improve interventions tailored to TWDs, equipping them to navigate their digital environments safely and effectively. Ultimately, a balanced perspective on social media usage is advocated, recognizing the need to foster a

digital space that supports TWDs' well-being and personal growth. This article serves as a comprehensive resource for professionals aiming to guide TWDs in harnessing social media as a tool for positive development while safeguarding against potential harm.

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17. How Ai Chatbots Echo Human Despair and Expose the Absence of Safeguards

Authors: KOMPELLA, KASHYAP

Publication Date: 2025

Journal: Information Today 42(6), pp. 21–22

Abstract: The article focuses on the alarming trend of AI chatbots potentially encouraging self-harm and suicide among vulnerable individuals. Documented cases reveal that interactions with these digital companions can lead to tragic outcomes, as they often lack adequate safeguards to prevent harmful advice and may reinforce negative thoughts. The article highlights the absence of comprehensive regulations governing these technologies, which allows minors to engage in unmonitored conversations that could be detrimental to their mental health. It calls for immediate and holistic solutions, including improved design, transparency, and accountability measures to protect users from the risks associated with AI interactions.

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18. Adverse Childhood Experiences and Antidepressant Therapy: A Systematic Review

Authors: Meyer, Dixie;Abid, Ali;Paracha, Awais;Siddiqui, Zohair;Chen, Stephanie and Walsh, McKenna

Publication Date: 2025

Journal: Missouri Medicine 122(5), pp. 424–432

Abstract: Adverse childhood experiences (ACEs) increase depression risk and may affect antidepressant (ADM) treatment outcomes; however, cumulative research on each ACE in conjunction with ADM outcomes is lacking. This review aims to examine the relationship between ACEs and ADM. We examined PsychInfo and PubMed/MEDLINE databases from 2010-2025 and identified 26 publications that met review criteria (i.e., peer-reviewed and concurrently examined ACEs and ADM). ACEs were associated with an increased propensity to use ADMs, an interaction between DNA methylation and ADM efficacy, an increased risk of suicide while on ADMs, and ADM responsiveness. The majority of the studies show serotonin modulators and stimulators, selective serotonin reuptake inhibitors, and serotonin norepinephrine reuptake inhibitors are associated with fewer depressive symptoms in ACE survivors. Multiple ACEs and child abuse impaired ADM effectiveness. Yet, genetic links and age when the ACE occurred may explain this vulnerability. These findings should be interpreted with caution, as cumulatively, the research often had smaller sample sizes in the ACE history groups, research often did not test antidepressants against each other, and reported depression symptom changes in the studies may be organic symptom reduction unrelated to treatment. Before medical providers initiate depression treatment, they should ask their patients about ACE history. If patients confide they have these experiences, medical

providers will want to consider treatment drug class and establish a plan to monitor the patient carefully for unremitting symptoms, symptoms severity, and suicide risk. (Copyright 2025 by the Missouri State Medical Association.)

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19. **Sketching Silence: Exploring the Use of Children's Drawings as an Early Bullying Detection Tool**

Authors: Mongillo, Daniel L.;Waseem, Muhammad and Fields, Paul J.

Publication Date: 2025

Journal: Pediatric Emergency Care

Abstract: Competing Interests: Disclosure: The authors declare no conflict of interest.; Objectives: Can an innovative projective drawing test assist children in disclosing their bullying exposure? Bullying leads to recurrent emergency department visits for physical or emotional trauma, hindered by children's reluctance to verbalize. Identifying patterns, referred to as graphic indicators, can characterize forms of trauma linked to bullying.; Methods: Sixty-four children aged 7 to 18 years with psychosomatic complaints at a pediatric hospital emergency department were asked to draw themselves on paper. Drawings were scored blindly by counting the frequency of 22 graphic indicators on self-figure drawings used to assess various forms of child abuse. Children were categorized using the Illinois Bully Scale score. Discriminant analysis evaluated the relative weighting of the 22 graphic indicators, aiming for optimal discrimination between the bullied and non-bullied groups. ROC analysis was utilized to maximize the diagnostic accuracy of the drawing test.; Results: Four graphic indicators emerged as potential markers of bullying: (1) missing legs or feet, (2) dots, hollowed or crossed eyes, (3) double line, hollowed, or shaded facial contours, and (4) asymmetric or horizontal arm positions. Discriminant scores ranged from 0.00 (indicating no bullying) to 4.76 (indicating bullying). The criterion separating the two groups was a discriminant score >1.90. The resulting area under the curve was 0.88 (P < 0.001), indicating good predictive ability. The test demonstrated a sensitivity of 69% and a specificity of 91%.; Conclusions: Identifiable drawing cues in children may signal bullying, highlighting the need for further research to develop a standardized tool for early identification of bullying exposure before it can be applied in practice. (Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.)

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20. **Raising a Public Health Concern: Women Overlooked in UK Drug Policy and Disadvantaged in Mixed-Gender Community Services**

Authors: Page, Sarah;McCormack, Fiona;Oldfield, Sophie;Whitehead, Stephen and Jeffery, Hannah

Publication Date: 2025

Journal: International Journal of Environmental Research and Public Health 22(10)

Abstract: The British From Harm to Hope drugs strategy seems limited in gender responsiveness. Evidence is presented from a West Midlands case study where a qualitative participatory methodology with thematic analysis was employed. The project was co-designed

by academics, women with lived-experience and third-sector research leaders. To identify community drug and alcohol treatment issues and solutions, interviews and focus groups were conducted with female service users (N = 28), a range of drug and alcohol workers and managers, and women's sector practitioners (N = 17). Frontline professionals (N = 9) also took part in an online-adapted world café to enrich understanding and ascertain solutions. The study found that many women using illicit drugs have trauma and mental health issues linked to (1) adverse childhood experiences, (2) child removal by local authorities, (3) domestic abuse and sexually exploitative relationships, and (4) criminal justice system engagement. Based on findings, the study recommends that women's public health pertaining to substance use, mental health and the interplay with childhood and adulthood abuse and violence needs better addressing in policy and practice. This paper highlights the need to better address women's health through developing drug and alcohol services with improved referral pathways to domestic violence and mental health services.

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21. Primary health care nurses and their suspicion of child abuse: the importance of relationship-building with families and interdisciplinary networks

Authors: Platt, Susan;Zambas, Shelaine;Spence, Deb and Cook, Catherine

Abstract: Introduction: There is a knowledge gap around the experiences of New Zealand (NZ) primary health care (PHC) registered nurses and nurse practitioners when working with children whom they suspect are being abused or neglected.; Aim: This study aimed to explore what PHC nurses experience when building and nurturing family and interdisciplinary relationships amidst a suspicion that a child is being abused or neglected.; Methods: Using contacts and snowballing to recruit participants, 13 PHC nurses working in the Auckland region were interviewed using semi-structured interviews. Gadamerian hermeneutics guided the analysis, with other philosophers drawn on to deepen the analysis.; Results: Relationship building is precarious due to trust issues, tensions around reporting, and complex power relations. Nurses are central to coordinating interprofessional care.; Discussion: Building relationships with families, children, and colleagues is fundamental to child protection. It is only by knowing what building and nurturing relationships is like amidst suspicion of child abuse or neglect that those whom nurses work with can understand what this work is like. (© 2025 The Author(s) (or their employer(s)). Published by CSIRO Publishing on behalf of Royal New Zealand College of General Practitioners.)

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22. Experiences of child abuse and prolonged grief in adulthood - results from a population-based study

Authors: Rummel, Anna-Maria;Comtesse, Hannah;Rosner, Rita;Sachser, Cedric;Fegert, Jörg M.;Doering, Bettina K. and Vogel, Anna

Abstract: Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.; Background: In recent years, various risk factors for the development of prolonged grief disorder (PGD) have been discussed. While it is well established that child abuse increases the risk of various mental disorders in later life, the relationship between child abuse, including its subtypes, and PGD is barely examined.; Objective: The aim of this study was to assess the impact of child abuse and distinct abuse patterns on PGD symptoms in a population-based German sample.; Methods: We used self-reported data from 911 individuals (54.3 ± 17.9 years, 59.2% women) who had experienced the loss of a loved one. Participants completed demographic, loss-related and child abuse-related questions. To investigate PGD symptoms we utilized the Prolonged Grief Disorder-13+9 (PG13+9). The Childhood Trauma Questionnaire (CTQ) was employed to assess both overall child abuse severity as well as child abuse subtypes: child emotional abuse, child physical abuse, child sexual abuse. We used k-means cluster analysis to identify distinct child abuse patterns. Two hierarchical regression analyses were conducted to examine the associations between PGD symptom severity and child abuse and the identified child abuse clusters.; Results: The prevalence rate for experiencing any child abuse was 13.5%. The occurrence of the child abuse subtypes was 7.9% for emotional abuse, 7.6% for physical abuse, and 5.9% for sexual abuse. A priori , we defined an "extreme abuse" cluster from the outliers and identified three clusters "no/low abuse", "moderate abuse" and "high abuse" in our sample through the cluster analysis. Overall child abuse severity (β =.13, p <0.001), "high abuse" cluster (β =.12, p =0.001) and the a priori "extreme abuse" cluster (β =.07, p =0.040) were significant predictors of PGD symptoms.; Conclusion: Our study indicates that child abuse impacts PGD symptoms. Possible hypotheses for this connection and their implications are discussed. (Copyright © 2025 Rummel, Comtesse, Rosner, Sachser, Fegert, Doering and Vogel.)

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23. **Nonaccidental trauma in children: the pediatrician's role in recognition, reporting, and prevention**

Authors: Scher, Ethan M.;Beber, Samuel A. and Allen, Abigail K.

Publication Date: 2025

Journal: Current Opinion in Pediatrics

Abstract: Purpose of Review: Nonaccidental trauma remains a significant and underrecognized contributor to pediatric injury and mortality, reflecting both clinical and societal challenges in prevention and early identification. This review aims to synthesize the most recent literature on pediatric nonaccidental trauma (NAT) to better equip members of the healthcare team, particularly those in direct patient care, such as physicians, with the insight, contextual awareness, and ethical vigilance needed to identify, manage, and intervene in cases of child maltreatment. In doing so, it highlights the critical role of the healthcare team in not only treating injury but also protecting vulnerable children and addressing the broader implications of abuse.; Recent Findings: Recent literature highlights specific types of cutaneous injury, including patterned bruising and scald burns as well as high-energy osseous fractures such as those involving the femur, skull, face, ribs, or sternum, particularly when accompanied by an incongruent history, as the strongest indicators of NAT.; Summary:

Nonaccidental trauma is often difficult to identify on both historical and clinical levels. Guardians, typically the abusers, may be evasive and may offer accounts that are inconsistent or incompatible with the presenting injury. Identifying nonaccidental trauma calls for heightened vigilance and a high index of suspicion in providers, as their proximal position affords them the responsibility to be a crucial lifeline.

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24. Improving the Accessibility and Responsiveness of Domestic Abuse Services

Authors: Stanley, Nicky;Barter, Christine;Bracewell, Kelly;Chantler, Khatidja;Farrelly, Nicola;Howarth, Emma;Martin, Katie;Foster, Helen Richardson;Edwards, Rhiannon Tudor and Winrow, Eira

Publication Date: 2025

Journal: Violence Against Women , pp. 10778012251384632

Abstract: Concerns that community-based domestic abuse (DA) services are not always accessible or responsive prompted two new interventions across five sites in England. The evaluation used service data, outcome measures, staff interviews, and surveys, and 98 interviews with survivors and children. A Social Return on Investment analysis was completed. Survivors described services as empowering: support was flexible and personalized. Positive change in outcomes was found. However, 30%-40% of referrals were declined with confusion regarding risk levels and catchment areas. Increased provision of DA services could improve accessibility, but services need to build their community profile and strengthen links with health services.

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25. Adverse Childhood Experiences and Adolescent Early Non-Coital Sexual and Relationship Behaviors: A Latent Class Analysis

Authors: Wang, Xiafei;Clear, Kirstin L. and Vasilenko, Sara A.

Publication Date: 2025

Journal: The Journal of Early Adolescence

Abstract: Competing Interests: Declaration of conflicting interest: no conflict of interest; Adverse childhood experiences (ACEs) are linked with risky sexual behaviors. However, we do not know how various ACE dimensions influence adolescent sexual behavior, especially behaviors that are precursors to early sexual intercourse. Using the data from the Adolescent Brain and Cognitive Development Study, we conducted LCA on 13 ACE measures assessed at ages 9-11 and analyzed how these latent classes relate to romantic relationships and early non-coital sexual behaviors (kissing and touching) at ages 11-12. We identified six distinct classes: Low ACEs (48.4%), Material Hardship and Community Violence (19.2%), Parental Dysfunction (18.6%), Parental Dysfunction and Criminal Justice Involvement (6.5%), Community and Peer Violence, Material Hardship, and Parental Dysfunction (6.4%), and Household Violence, Parental Dysfunction and Child Abuse (0.6%). The last three classes exhibited a higher likelihood of engaging in romantic and early non-coital sexual behaviors

than adolescents in the Low ACEs class. The diverse impacts of ACE patterns suggest we should implement trauma-informed early sexuality education programs.

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26. Artificial Influence: Why AI Needs Guardrails for the Next Generation

Authors: Wiederhold, Brenda K.

Publication Date: 2025

Journal: CyberPsychology, Behavior & Social Networking 28(10), pp. 655–657

Abstract: The article focuses on the increasing use of artificial intelligence (AI) chatbots among adolescents and the associated risks and responsibilities. Since the launch of ChatGPT in late 2022, a significant percentage of children aged 9–17 have engaged with AI for various purposes, including schoolwork and emotional support. However, the article highlights concerns regarding the psychological and developmental risks posed by AI, particularly as children may struggle to differentiate between AI-generated empathy and real human interaction. Recommendations are provided for developers, parents, and educators to implement safeguards, promote AI literacy, and ensure that children can navigate this technology safely and responsibly.

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27. "Hard-To-Reach" Voices: Methodology of Qualitative Research on Violence Against Women With Disabilities-A Systematic Review

Authors: Wołowicz, Agnieszka;Kocejko, Magdalena and Gajda, Aleksandra

Publication Date: 2025

Journal: Trauma, Violence & Abuse , pp. 15248380251376350

Abstract: Experiencing violence in childhood and adolescence is both common and long-lasting, and associated with poor short- and long-term health and economic outcomes. In this study, we reviewed evidence from longitudinal studies on the association between violence in childhood and work outcomes to determine the direction and magnitude of the association, explore variations by violence type, identify evidence gaps, and describe the extent of research and findings on mediators. We systematically searched nine databases for longitudinal studies reporting on the association between violence in childhood and work outcomes, and conducted a narrative synthesis. We identified 46 reports of 27 cohorts, with all but one cohort from high-income countries. This review shows that there is strong evidence from high-income countries that violence in childhood is associated with a range of negative work outcomes. Evidence is strongest for official reports of child abuse and neglect, physical violence, bullying, and composite violence measures, but more mixed for sexual violence. There is less evidence for emotional violence, witnessing violence, neglect, and adolescent intimate partner violence. Associations are similar for men and women. Nine reports conducted mediation analyses, mainly examining educational factors as mediators. Evidence suggests that educational factors may partially mediate the relationship between violence and negative work outcomes. Cognition, mental health, and non-cognitive skills may also be mediators. There is a need for data from low- and middle-income countries, and further

mediation analyses to help guide efforts to reduce negative consequences of violence.

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28. **Development and Validation of a Negative Emotions Scale for Public Health Nurses Engaged in Child Abuse Prevention Activities**

Authors: Yokobori, Haruka;Honda, Chikako;Matsumoto, Hiroshige;Maeda-Suzuki, Akari and Yoshioka-Maeda, Kyoko

Publication Date: 2025

Journal: Journal of Clinical Nursing

Abstract: Aims: To assess the reliability and validity of a negative emotion scale for public health nurses conducting child abuse prevention activities.; Design: A four-phase mixed method design.; Methods: Participants were public health nurses with experience in child abuse prevention across Japan. The initial scale was developed and refined based on previous studies, expert panel reviews, interviews with public health nurses, and a questionnaire-based pilot study. In 2024, 549 public health nurses completed a questionnaire on scale items. Item analysis, exploratory factor analysis, confirmatory factor analysis, comparisons with a preexisting scale, the number of times negative attitudes and the types of behaviours exhibited by parents were used to narrow the scale and assess its psychometric properties.; Results: Item analysis and exploratory factor analysis reduced the scale to 15 items on two factors: 'negative emotions toward aggressive and emotional attitudes' and 'negative emotions toward rejecting and uncooperative attitudes.' Confirmatory factor analysis indicated a good model fit. The Cronbach's alpha was high, and the negative emotions scale score positively correlated with the pre-existing scale, negative attitudes and parental behaviours.; Conclusions: The Cronbach's alpha coefficient and other factors confirmed the scale's reliability, and correlations with other scales confirmed its validity.; Implications for the Profession: Evaluating negative emotions provides critical insights into the quality of support and its influence on psychological well-being.; Impact: By assessing negative emotions that public health nurses find difficult using this scale, the support system for them can be examined.; Reporting Methods: STROBE checklist for cross-sectional studies was followed.; Patient or Public Contribution: Public health nurses were involved in the generation of items for the scale. Their perspective was sought in determining the items for the scale.; Trial and Protocol Registration: Registered in the UMIIN Clinical Trial Registry (UMIN-CTR ID UMIN000054650). (© 2025 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.)

Sources Used:
The following databases are used in the creation of this bulletin: EMBASE and Medline.