

Safeguarding

Current Awareness Bulletin

January 2026

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- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
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30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
Next sessions: 19th February 2026 @ 3pm & 27th March @ 4pm

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1. 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 Sessa Sai;Ameen, Sarah;Hibbert, Peter;Manias, Elizabeth;Youngs, Nicole;Birks, Lanii;Walpolo, Ramesh and Braithwaite, Jeffrey

Publication Date: 2026

Journal: Journal of Patient Safety 22(1), pp. 67–72

Abstract: 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.

2. Breaking the Cycle: How Child Abuse and Neglect Ignite the Path to Addiction

Authors: Aghakhani, Nader;Ewalds-Kvist, B.;Aghakhani, Sina and Abolfathpour, Pedram

Publication Date: 2025

Journal: Iranian Journal of Public Health 54(11), pp. 2546–2547

Abstract: The article discusses the connection between child abuse and neglect and the subsequent risk of addiction in later life. It highlights that children who experience maltreatment face long-term consequences, including increased likelihood of substance abuse, emotional difficulties, and challenges in adult life such as unstable employment and health issues. The authors emphasize the need for a coordinated approach involving healthcare professionals, child welfare services, and community programs to break the cycle of trauma and promote safe environments for children. They advocate for education and public awareness to address the root causes of abuse and foster resilience among affected individuals.

3. Exploring Paramedics' Perspectives on Paediatric Head Injury in Prehospital Care: Qualitative Study.

Authors: Alsuwais, Sara;Wibberley, Christopher and Body, Richard

Publication Date: Dec 24 ,2025

Journal: BMJ Paediatrics Open 9(1)

Abstract: BACKGROUND: Paediatric head injury is a common reason for emergency calls. While most cases are mild, a small proportion deteriorates rapidly. Paramedics are often the first point of clinical contact, yet the absence of paediatric-specific tools, infrequent exposure and emotionally charged environments contributes to uncertainty. Paramedic perspectives in this context remain under-represented in the literature. OBJECTIVE: To explore paramedics' experiences, challenges and decision-making in the prehospital assessment of children with suspected head injuries and explore perceptions of existing hospital-based clinical decision rules and their potential use in out-of-hospital care. METHODS: A qualitative study, guided by an interpretivist approach, was conducted with 37 paramedics from the North West Ambulance Service NHS Trust, United Kingdom. Purposive sampling captured a range of clinical grades and experience levels. Semistructured virtual interviews explored clinical assessment, decision-making, communication with families and views on current guidelines and clinical decision rules. The Paediatric Emergency Care Applied Research Network and the Children's Head Injury Algorithm for the Prediction of Important Clinical Events were presented after

participants described their usual practice. Interviews were audio-recorded, transcribed verbatim, anonymised and analysed inductively using reflexive thematic analysis. **RESULTS:** Four inter-related themes captured the clinical, emotional and systemic realities of paediatric head injury assessment. Paramedics described the challenges in treating children, as developmental differences, limited communication and subtle or delayed symptoms required vigilance and adaptation. These were compounded by the paramedic's own challenges, including low confidence from limited exposure, training gaps and the emotional and ethical pressures of safeguarding. Participants showed frustration over adult-oriented tools, rigid guidelines and remote decision-making that undermined autonomy. The role of clinical decision rules was seen positively for structure and defensibility, but with caution about safeguarding, compensatory physiology, contextual risk and their limited relevance to non-conveyance decisions in out-of-hospital care. **CONCLUSIONS:** Prehospital paediatric head injury assessment is shaped by intersecting clinical, emotional and systemic pressures. Improving care requires paediatric-specific decision tools, integrated training and system changes that support rather than professional judgement. Copyright © Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.

4. Medical residents' awareness of child abuse and neglect: A cross-sectional study in a tertiary hospital

Authors: Bahadir, Volkan;Öztaş Şükür, Nur Ece and Alvur, Tuncay M. üge

Publication Date: 2025

Journal: Medicine 104(52), pp. e46895

Abstract: Child Abuse and Neglect (CAN) is a significant public health and social issue with potentially devastating consequences. This study was conducted to evaluate residents' knowledge and awareness of CAN, which plays a crucial role in the identification and prevention of CAN. This cross-sectional descriptive study was conducted in March 2018 with 232 medical residents at Kocaeli University. Residents who had completed medical school and consented to participate were included in the study. Data were collected via face-to-face interviews using a Demographic Information Form and the 67-item Scale for the Identification of Symptoms and Risks of Child Abuse and Neglect, which assesses the symptoms and risk factors of CAN across 6 subscales. Data were analyzed using the Statistical Package for the Social Sciences, version 23 (SPSS 23.0). Statistical significance was set at $P < .05$. Appropriate parametric/nonparametric tests and chi-square or Fisher's exact tests were used based on the type and distribution of data. Of the 232 residents (mean age: 29.2 ± 2.5), 51.7% were female, and 50.4% had child abuse training. 60.8% of participants reported suspicion of abuse or neglect. The mean Scale for the Identification of Symptoms and Risks of Child Abuse and Neglect score was 2.40 ± 0.21 , with higher scores in males and surgical specialties ($P < .05$). Residents had limited recognition of the CAN-related symptoms and risks. Further research is needed on reporting practices across specialties. (Copyright © 2025 the Author(s). Published by Wolters Kluwer Health, Inc.)

5. Maternal Depressive Symptoms and Child Injury Risk

Authors: Bryant, Lindsay A. and Morrongiello, Barbara A.

Publication Date: 2025

Journal: Maternal and Child Health Journal

Abstract: Objective: Unintentional injury poses a health threat to children, and toddlerhood (2 to 4 years) is a particularly vulnerable period. At this stage, parental intervention and monitoring are essential for mitigating injury risk. Maternal depressive symptoms are associated with greater frequency of injuries to young children in the home, however, our understanding of why remains limited. This study examined associations between maternal depressive symptoms and reactions to children's injury-risk behaviors, as well as children's injury rates.; Method: The sample comprised 84 mothers of children (24-47 months) and included a broad range of scores for symptoms of depression. Participants provided questionnaire and observational data.; Results: Mothers with more elevated depressive symptoms had children who experienced higher injury rates. These mothers showed frequent reactions to intervene when children were engaging in risk behaviors, however, they responded with ineffective strategies (i.e., increased prohibitions, reduced teaching).; Conclusion: Mothers having greater depressive symptoms focused more on stopping children's risk behaviors than teaching about safety, and children had higher injury rates. (© 2025. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

6. EpiCHILD assessment tool: identifying exposure to witnessed violence in children and adolescents

Authors: Carannante, Anna;Giustini, Marco;Careda, Emanuele;Montanaro, Vito;Gaudi, Simona and Foschino Barbaro, Maria Grazia

Publication Date: 2025

Journal: Annali dell'Istituto Superiore Di Sanita 61(4), pp. 269–276

Abstract: Introduction: Witnessed domestic violence is a widespread yet underrecognized form of childhood trauma, with serious consequences for the emotional, behavioral, and physical development of children and adolescents. In Italy, nearly half of domestic violence incidents occur in the presence of children, yet standardized tools for identifying affected minors remain scarce.; Objectives: This study presents the EpiCHILD assessment tool, designed to support the early identification of psychophysical vulnerabilities in children exposed to domestic violence and to guide targeted prevention and care strategies.; Methods: Developed within the ESMiVA study, EpiCHILD is a multidimensional electronic questionnaire composed of nine sections, incorporating validated instruments for PTSD (ITQ-CA), depression (CDI-2), and psychosocial functioning (SDQ-Ita). Administered by trained professionals in clinical and social service settings, the tool is GDPR-compliant and allows for flexible, child-centered use.; Conclusions: EpiCHILD enables systematic screening and early detection of children at risk due to violence exposure. It standardizes data collection across

sectors and lays the groundwork for future research on the biological impact of trauma, including potential epigenetic markers, representing an innovative contribution to precision prevention in child mental health.

7. Development of a universal child abuse screening tool (U-CAST): A qualitative analysis of medical expert perspectives

Authors: Chen, Peiqi; Peterson, Meagan E.; Morris, Arden; Davis-Lopez, Kristen; Cosby, Zaria; Harnish, Elena; Gamble, Jake and Chao, Stephanie D.

Publication Date: 2025

Journal: Child Abuse & Neglect 172, pp. 107838

Abstract: Background: Medical providers in the U.S., Canada, and many other jurisdictions are legally obligated to report suspicions of child abuse, but clinicians often find it difficult to recognize the signs, resulting in high risk of missed or under-reporting abuse.; Objective: To improve the quality and fair application of child physical abuse screening in medical settings by developing a user-friendly Universal Child Abuse Screening Tool (U-CAST) within the electronic health record (EHR).; Methods: This qualitative study elicited medical experts' recommendations for development and implementation of a universal child abuse screening tool. To capture multiple viewpoints and refine ideas, Epic conducted a series of video-enabled, audio-recorded expert working groups (EWG) to cover tool components and design, logistics, decision support, challenges to implementation, and adequate follow-up steps.; Participants: 14 experts were recruited by Epic from institutions nationwide including pediatric surgeons, child abuse pediatricians, pediatric emergency medicine physicians, nurses, social workers to serve on 9 EWG panels.; Results: EWG discussions explored and defined essential screening tool content and generated recommendations and a descriptive list of logistical challenges to implementation. Key thematic barriers to implementation included: 1) integration of the tool into the electronic medical record system; 2) embedding the tool into current clinical workflows; 3) concerns for performance of the screening tool.; Discussion: EWG achieved consensus on the need for and implementation of universal child abuse screening. Throughout the discussions, experts emphasized the importance of ensuring that positive screens have the flexibility to tailor the tool to diverse workflows and have appropriate follow-up actions.; Conclusion: Our user-friendly, evidence-based design supports implementation in a variety of differently-resourced settings. (Copyright © 2025 Elsevier Ltd. All rights reserved.)

8. Up2U: designing and validating a new evidence-based programme for perpetrators of domestic abuse who want to change

Authors: Cole, Terri; Oliver, Louise; Harvey, Orlanda; Healy, Jane; Sperryn, Anisha and Barbin, Arianna

Publication Date: 2025

Journal: Frontiers in Psychology 16, pp. 1676490

Abstract: Introduction: Domestic abuse is a pervasive issue rooted in patterns of power and

control, contributing to a significant number of high-harm offenses both in the United Kingdom and internationally. While programmes have been aiming to disrupt abusive cycles through the understanding and recognition of harm, there is widespread disagreement on what effective interventions should look like. This study addresses this gap.; Methods: A mixed-methods, multi-phase approach was adopted to evaluate the Up2U programme in Dorset, identify current challenges, and offer recommendations for future design based on evidence and best practice. A literature review, a workshop with key stakeholders, interviews, questionnaires, and a focus group with programme providers were conducted.; Results: Crucial needs were identified, including the implementation of tailored interventions, hiring skilled facilitators, supporting victims, promoting perpetrator accountability, refining the programme structure, investing in multi-agency collaborations, evaluation, and engagement/retention.; Conclusion: Recommendations were drafted aligned with Home Office standards for domestic abuse perpetrator intervention. Designing flexible, evidence-based programmes that center on victim safety while holding perpetrators accountable was a crucial element of the study. Well-trained, supported facilitators and accessible, engaging content are essential for meaningful participation. Ongoing monitoring and impact evaluation to track behavioral changes are proposed. (Copyright © 2025 Cole, Oliver, Harvey, Healy, Sperryn and Barbin.)

9. Younger Maternal Age at Childbirth and Children's Exposure to ACEs: Parental Emotional Support as a Moderator

Authors: Cui, Jiawen

Publication Date: 2025

Journal: Family Process 64(4), pp. 1–10

Abstract: Adverse childhood experiences (ACEs) are significant public health concerns with long-term consequences for children's mental health, physical well-being, and socioeconomic outcomes. This study examines whether younger maternal age at childbirth (≤ 24 years) is associated with children's exposure to any ACE and whether parental emotional support moderates this association. This study analyzed 2022 National Survey of Children's Health data for 32,092 children ages 6–17. Logistic models adjusted for child age, sex, US-born status, special health care needs, highest household education, family poverty level, partnered status, and any adult employment. Younger maternal age was associated with substantially higher odds of any ACE. With child-level covariates (M1), the OR was 3.20 (95% CI 2.98, 3.43)]; with family-level covariates (M2), 2.14 (1.98, 2.31)]; and in the fully adjusted model (M3), 2.05 (1.90, 2.21)]. In the fully adjusted moderation model (M4), the main effect for younger maternal age remained strong (OR = 1.75, 1.49, 2.06]). This study highlighted that risk concentrates where structural disadvantage and early parenthood intersect. Emotional support did not reduce children's ACE risk. Interventions should prioritize caregiver support services and structural supports, such as income, housing, childcare, and behavioral health for young families.

10. Skin and Scars Across Cultures: A Systematic Review on the Dermatological Impacts of Domestic Abuse

Authors: Darwish, Rajah;Zakhary, Marina;Wingate, Kaleigh M. and Hogans-Mathews, Shermeeka

Publication Date: 2025

Journal: Cureus 17(11), pp. e97145

Abstract: Despite the prevalence of domestic abuse and its profound dermatological impacts, there remains a scarcity of comprehensive research exploring this issue through a cross-cultural lens. The objective of this review was to synthesize available evidence on the dermatological impacts of domestic abuse across cultural contexts. This systematic review was conducted and reported according to the PRISMA guidelines. Research studies focusing on individuals who have experienced domestic abuse in various cultural contexts were included. The primary exposure was domestic abuse, and studies investigating its dermatological impacts were eligible for inclusion. Eleven studies were included in the review. The majority of the included studies were observational studies (n=8) while four studies were case reports, covering diverse regions including North America, Europe, South America, Asia, and Australia. The majority of participants were female survivors of intimate partner violence (IPV), with mean ages typically falling in the early to mid-30s. The most frequently reported dermatological injuries included bruises and contusions primarily affecting the face, neck, upper and lower limbs, and scalp. Lacerations and incised wounds were reported in multiple studies, followed by abrasions, ecchymosis, burns, scarring, and permanent disfigurement. While the types of injuries were largely consistent across geographical settings, some regional patterns were observed. The findings highlight the global burden of dermatological injuries in survivors of domestic abuse. The findings suggest that while patterns of skin injuries are relatively consistent, cultural and regional factors may influence the nature and severity of injuries, warranting further investigation. (Copyright © 2025, Darwish et al.)

11. Medical Child Abuse: A Retrospective Analysis from a Tertiary Pediatric Hospital's Childhood and Adolescent Abuse Group

Authors: Focardi, Martina;Guerini, Marta;Defraia, Beatrice;Nanni, Laura;Grifoni, Rossella;Castellini, Giovanni;Gualco, Barbara;Bianchi, Ilenia;Pinchi, Vilma and Losi, Stefania

Publication Date: 2025

Journal: Children 12(11), pp. 1575

Abstract: Background: Medical child abuse (MCA), previously known as Münchhausen syndrome by proxy, involves the fabrication or induction of illness by caregivers—most commonly the mother—leading to unnecessary medical interventions and potential harm to the child. Methods: This retrospective study analyzed cases of suspected or confirmed MCA managed by the GAIA multidisciplinary team at Meyer Children's Hospital, Florence, between 2010 and 2022. Cases were identified using Rosenberg diagnostic criteria and red flags outlined by the American Academy of Pediatrics (AAP) and the Royal College of Paediatrics

and Child Health (RCPCH). Data were extracted from medical records and analyzed descriptively. Results: Among 816 cases of child maltreatment, 8 (0.99%) were identified as MCA. The median age of affected children was 5 years (range: 4–12 years), with a female predominance (6/8, 75%). All perpetrators were biological mothers (8/8, 100%). Children had a median of 23 emergency department visits (range: 4–44), with the most frequent presentations being fever (6/8, 75%), minor trauma (7/8, 87.5%), respiratory complaints (5/8, 62.5%), and gastrointestinal symptoms (4/8, 50%). According to Rosenberg criteria, 5 cases (62.5%) were classified as "possible diagnosis," 1 (12.5%) as "definitive diagnosis," 1 (12.5%) as "diagnosis by exclusion," and 1 (12.5%) as "inconclusive." Conclusions: Despite its low prevalence, MCA poses serious clinical and ethical challenges. Early detection requires thorough documentation, interdisciplinary collaboration, and improved access to shared medical records. The GAIA model offers a replicable framework for effective multidisciplinary management.

12. "I Was Sofa Surfing at My Parents' House Down in Wiltshire": Experiences and Needs of Men Made Homeless by Domestic Violence in the United Kingdom

Authors: Hine, Benjamin; Los, Greg and Hoppe, Isobel

Publication Date: 2025

Journal: Partner Abuse 16(4), pp. 631–658

Abstract: The Crime Survey for England and Wales estimates that 3% of men aged 16 years and over—approximately 699,000—experienced domestic abuse in the year ending March 2022. Domestic violence and abuse (DVA) can have a profound impact on these men, impacting their physical and mental well-being. Homelessness and DVA are likewise profoundly interconnected, yet male victims of DVA remain largely overlooked. This study addresses a significant gap by exploring the experiences of six men in the United Kingdom who became homeless due to DVA. Semistructured interviews were conducted, and data were analyzed using thematic analysis. Four key themes emerged: (a) Abuse in relationships: Participants described enduring financial, psychological, and sexual abuse over long periods. (b) Transition to homelessness: Escalating abuse leads to homelessness, often accompanied by mental health crises and suicide ideation. Many struggled to seek help due to stigma and inadequate support services. (c) Homelessness: Male victims were displaced from their homes, often relying on friends, family, or shelters. The lack of male-specific services was a significant issue. (d) Ongoing struggles: Participants continue to face trauma, financial instability, and separation from their children long after their homelessness ends. The findings reveal the urgent need for male-specific domestic abuse services, improved training for professionals, and policy changes to ensure equitable resources. Greater public awareness is also needed to reduce the stigma around male victimhood and homelessness, allowing more men to seek help without fear of judgment.

13. Factors that inhibit reporting of child maltreatment among dental health personnel - a scoping review

Authors: Hokstad, Eline;Virtej, Anca and Brattabø, Ingfrid Vaksdal

Publication Date: 2025

Journal: BMC Oral Health 25(1), pp. 1911

Abstract: Background: Child maltreatment impacts the social, physiological, and psychological well-being of affected children, resulting in both short- and long-term consequences. Despite the obligation of dental health personnel to report suspected cases to child welfare services (CWS) or other appropriate authorities, various barriers hinder reporting, leading to underreporting. This scoping review aims to explore the factors that inhibit reporting of child maltreatment among dental health personnel by addressing the following research questions: 1. Which factors inhibit reporting of child maltreatment among dental health personnel? 2. To what degree do dental health personnel fail to report suspected cases of child maltreatment to CWS?; Methods: A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist. Studies were retrieved by performing systematic searches of PubMed, Embase (Ovid), SveMed+, Idunn and The Norwegian Dental Journal (Den norske tannlegeforenings Tidende) for articles published from 2013 to October 2024.; Results: Of 303 identified articles, 34 were included in this review. Identified barriers to reporting child maltreatment among dental health personnel included diagnostic uncertainty, lack of knowledge, and fear of consequences. Targeted education and training programs were shown to improve reporting behaviors. However, overall reporting rates remain low, while the prevalence of failure to report suspected cases of child maltreatment was consistently high across the reviewed studies. These findings underscore the need for continued efforts to address the barriers to report.; Conclusion: This study highlights key barriers faced by dental health personnel in reporting child maltreatment, such as diagnostic uncertainty, lack of knowledge, and fear of consequences. Alarmingly, a significant portion of dental health personnel fail to report suspected cases, perpetuating underreporting. This failure not only delays critical intervention but also allows the maltreatment to continue, compounding harm to vulnerable children. Addressing these reporting barriers is imperative to ensure that dental health professionals are equipped to fulfill their safeguarding role effectively. Future research should focus on closing knowledge gaps, expanding geographical representation, and standardizing reporting protocols to create a more robust and responsive reporting system.; Trial Registration: The project protocol for this review was preregistered on OSF, accessible via the following registration DOI <https://doi.org/10.17605/OSF.IO/RBG2H> . (© 2025. The Author(s).)

14. Understanding capacity and decision-making issues in dementia care

Authors: Joddrell, Phil;Lee, Edward;Vollentine, Katrina and Dening, Karen Harrison

Publication Date: 2025

Journal: British Journal of Community Nursing 30(12), pp. 560–564

Abstract: As the prevalence of dementia continues to rise globally, ensuring that individuals living with the condition are supported in making decisions about their lives is increasingly important. This article explores the legal, ethical and practical dimensions of decision-making capacity in dementia, with a focus on the application of the Mental Capacity Act 2006 in England and Wales. It outlines the principles and processes for assessing capacity, making best-interest decisions and the role of legal instruments such as lasting power of attorney and deprivation of liberty safeguards. The discussion highlights the importance of shared decision making and the need for community nurses to actively involve family, carers and individuals with dementia in conversations about their care and future. Two fictionalised case studies illustrate the complexities of real-life decision-making scenarios, offering insights into how legal frameworks and person-centred approaches can be integrated in practice. The article also considers the potential of decision aids to enhance autonomy and participation for people with dementia. This article aims to support community nurses in delivering compassionate, lawful and inclusive care.

15. Childhood violence exposure and social information processing in young adults: Does relationship with the perpetrator matter?

Authors: Kasparek, Steven W.;Cikara, Mina;Hatzenbuehler, Mark L. and McLaughlin, Katie A.

Publication Date: 2025

Journal: Clinical Psychological Science : A Journal of the Association for Psychological Science

Abstract: Humans are generally biased to show implicit favoritism for in-group over out-group members, but developmental experiences may alter this process in important ways. Prior work has elucidated associations of family (i.e., in-group) violence exposure in childhood with risk for internalizing symptoms through weakened implicit favoritism for novel in-group members. The present study probes whether childhood violence exposure influences implicit bias and psychopathology differentially depending on the participant's relationship with the perpetrator (i.e., in-group vs. out-group member) at the time of exposure. We administered a minimal group assignment paradigm and implicit association test to 455 young adults aged 18-25. Young adults who experienced out-group violence in childhood showed stronger implicit in-group favoritism compared to those who experienced in-group or no violence. Implicit out-group favoritism was associated with increased alcohol use. Early-life experiences may shape innate preferences for novel in-group vs. out-group members in ways that have lasting implications for mental health.

16. "Your world, everything just implodes, it really is a life-changing experience": how do relatives of Child Sexual Abuse Material (CSAM) offenders navigate life following discovery of the offence?

Authors: Kavanagh, Elaine;Kinsella, Elaine L. and Ryan, Patrick

Publication Date: 2025

Journal: Journal of Sexual Aggression 31(3), pp. 413–429

Abstract: There is a gap in understanding how family members of sexual offenders, and specific to the present study, families of those who download CSAM, navigate their life experiences after the point of discovery of the offence. Their psychological experiences are a direct result of their association with a family member's sexual crime and yet, they themselves are innocent. A qualitative approach with fifteen female partners, ex-partners and mothers of CSAM offenders was used to examine how they experienced life following the discovery of the crime. Using reflexive thematic analysis, two themes were interpreted: (1) Navigation through Secondary Stigma Experiences and (2) Fragile Future. These findings provide practical suggestions for increasing support for non-offending families, which would enhance their ability to provide support to desisting CSAM offenders, and advance the literature to better understand complex trauma for secondary victims of sexual crime. **PRACTICE IMPACT STATEMENT:** Family members of CSAM offenders play an important role in both safeguarding children and desistance processes. Their efforts to cope with secondary stigma experiences need to be acknowledged with access to appropriate support options made available. Our findings contribute important insights into what assistance optimises family members' ability to deal with their circumstances as they struggle to cope with powerful stigma experiences, thus enhancing their ability to protect children and support offending relatives.

17. Family-level social determinants of child and adolescent maltreatment

Authors: Kobulsky, Julia;Kim, June-Yung;Schuler, Brittany;Rock, Jen and Villodas, Miguel

Publication Date: 2025

Journal: Child Abuse & Neglect 172, pp. 107836

Abstract: Background: Research highlights the roles of material, psychosocial, biologic and behavioral risk factors, as well as access to healthcare in the etiology of child maltreatment (CM). However, research has yet to comprehensively examine these interrelated social risks in relation to child and adolescent CM, making optimal CM prevention strategies unclear.; Objective: Applying the World Health Organization intermediary social determinants of health (I-SDH) framework, this study operationalized a holistic, multidimensional framework of family-level risk and protective factors, and examined their prospective relationship to CM in childhood and adolescence.; Participants & Setting: Data were drawn from the Longitudinal Studies for Child Abuse and Neglect (N = 1354).; Method: CM types during middle childhood (7-12 years) and adolescence (13-16 years) were measured by Child Protective Services (CPS) report and youth self-report. CM during middle childhood and adolescence were regressed on the multidomain domains of family-level I-SDH during early (0-6 years) and middle childhood, respectively.; Results: All domains of I-SDH were related to CM in unadjusted analyses. Following false discovery rate (FDR) adjustment, poverty and homelessness/eviction were related to CPS-reported physical and supervisory neglect in middle childhood. Child externalizing problems and household substance use were related to CPS-reported CM in middle childhood and adolescence. I-SDH were unrelated to self-reported CM following FDR adjustment.; Conclusions: Findings support the need for multifaceted I-SDH-focused interventions and policies to prevent CPS involvement. The lack of robust findings for self-reported CM, however, calls into question whether such strategies would substantially reduce CM more broadly and suggests biases in CPS report. Future research should distinguish CM measures and their antecedents to effectively guide CM prevention.

18. "Missing their mother": Perspectives of Mothers with Substance Use Disorder on Child Well-being and Parental Substance Use

Item Type: Journal Article

Authors: Liu, Gina;Calihan, Jessica B.;Raftery, Katie;Goullaud, Latisha;Wheeler, Alexindra;Walt, Galya;Gray, Jessica R.;Chaiyachati, Barbara H. and Schiff, Davida M.

Publication Date: 2025

Journal: Academic Pediatrics , pp. 103212

Abstract: Objective: Elicit the perspectives of mothers with substance use disorder (SUD) on child well-being and parental substance use.; Methods: We conducted semi-structured focus groups of mothers with SUD on parenting, child well-being, naloxone, and experiences with medical care and child protective services (CPS). Focus group transcripts were iteratively reviewed to generate a codebook, which was applied in NVivo by two independent coders. We used inductive thematic analysis to examine codes relevant to child well-being, harm reduction, and clinician reporting to CPS.; Results: Twenty-three women participated in five focus groups. Four themes emerged: 1) mothers felt their substance use negatively impacted their ability to provide attentive supervision and emotional support; 2) mothers discussed strategies to minimize harm to children but had limited familiarity with naloxone use for unintentional ingestions; 3) mothers viewed child well-being as a spectrum but felt that clinicians often approached well-being as a binary of "safe" or "unsafe"; and 4) mothers recognized that clinicians are obligated to report child abuse or neglect and recommended transparent CPS reporting.; Conclusions: Participants viewed child well-being in the setting of parental substance use as a multi-dimensional construct. Mothers acknowledged potential emotional harms of substance use, an important target for family-based intervention. Mothers used harm reduction strategies to keep their children safe, but not all were aware that naloxone could be used to reverse pediatric overdoses. Improved provider guidance on comprehensively assessing child well-being, supporting harm reduction, and trauma-informed CPS reporting may help clinicians partner with families to support child health and safety. (Copyright © 2025 Academic Pediatric Association. Published by Elsevier Inc. All rights reserved.)

19. Mothers' Views About Children's Engagement in Domestic Violence Research

Authors: Mackey, P.;Plath, D.;Joosten, A. and Moore, T.

Publication Date: 2025

Journal: Journal of Family Violence 40(8), pp. 1663–1680

Abstract: Purpose: The voices of children remain overshadowed and marginalized in domestic violence research. Mothers with experiences of domestic violence are central to enabling children's participation, but few studies focus on their views and perceptions about

conducting this research with children. This article addresses this research gap and presents qualitative research undertaken in Australia with mothers on their views about children's engagement in domestic violence research. Methods: Eleven mothers participated in semi-structured interviews. The domestic violence service sector assisted in recruitment by approaching mothers living in a place of safety. Constructivist grounded theory along with interdisciplinary research, which drew on professional perspectives from social work and occupational therapy, underpinned the methodological approach and data was analyzed through a process of thematic network analysis. Results: While not against children's involvement in domestic violence research in principle, mothers reported concerns about whether researchers could safely engage children. The possible adverse consequences from children's participation meant they were extremely reluctant to provide consent. Mothers expressed anxiety about the potential safety ramifications for children and mothers, particularly if the perpetrator found out about their involvement in research. Conclusions: To best enable research, mothers said they needed assurance that the highest level of safeguarding existed, addressing physical safety considerations and emotional, psychological, and cultural safety. Demonstrating that research is trauma-safe, child-friendly, and in the child's interests is important for gaining mothers' consent.

20. Domestic abuse experienced by healthcare practitioners: what about dentists and dental care professionals? A systematised review

Authors: MacNab, Lorna K.; Cannon, Paul; McFeely, Clare and Dheensa, Sandi

Publication Date: 2025

Journal: British Dental Journal 239(11), pp. 768–773

Abstract: Introduction Domestic abuse (DA) is a significant global public health issue. It is recognised that dentists and dental care professionals (DCPs) play a key role in recognising and responding to abuse in patients; however, it is rarely acknowledged that they, personally, may be DA victim/survivors. Method and results A systematised review of the literature found no specific reference to dentists or DCPs as DA victims/survivors. This systematised review focused exclusively on dentists and DCPs and found no papers on the topic of dentists'/DCPs' own lived experiences of DA. In the absence of any evidence specific to this healthcare professional (HCP) group, evidence drawn from other healthcare groups (e.g., nurses, midwives, doctors) is considered as a basis for informing likely impacts of DA on dentists, DCPs and the dental workplace. Dental staff victims/survivors are likely to encounter similar additional barriers to help-seeking as other HCPs. These will be specific to their working role and environment. Discussion and conclusion Employers have a statutory duty to ensure that the working environment is safe and supportive, and this includes considering the impact of DA on their employees. The workplace can play a vital role in supporting dental staff who are DA victims/survivors. Research is needed to understand the prevalence and nature of the lived experience of DA among dentists and DCPs and to address issues specific to dental working environments. DA among staff must be acknowledged by employers of dentists and DCPs both in the NHS and in private healthcare settings to ensure suitable policies, education and training are in place. (© 2025. The Author(s).)

21. Demonstrating the value of the Novel Conceptual Understanding of Digital Resilience Framework (NCUoDRF) by using the framework to explore research data from vulnerable children and young people

Authors: Minott, Mark A. and D'Arcy, Jeanette

Publication Date: 2025

Journal: Vulnerable Children & Youth Studies 20(4), pp. 509–527

Abstract: Digital resilience among children and young people with vulnerabilities is considered an area requiring further exploration. This research paper contributes to this exploration by demonstrating the value of a socio-ecological framework called the Novel Conceptual Understanding of Digital Resilience Framework. This is accomplished by using the framework to explore research data from vulnerable children and young people. The paper is guided by a single research question and draws on data from a funded 2021 qualitative study entitled 'Changing conversations: Empowering vulnerable children in a connected world'. The study involved 58 participants: 14 Children and Young People with Vulnerabilities, 14 parents/carers and 30 professionals. They participated in focus groups and individual interviews via the Microsoft Teams platform. Given the paper's aim, only data from the 'changing conversations study' related to digital resilience was analysed using the framework. The framework's facets served as preset themes guiding data analysis. The findings suggest the framework is valuable in several ways. First, the data evidenced the existence of the levels and domains central to the strategy. Second, it serves as a 'tool' to explore how children and young people with vulnerabilities can be supported in building digital resilience. Third, the framework shares similarities with existing support structures while offering unique features. Fourth, it is useful in identifying varied views on digital resilience. Fifth, it is a data collection and interpretation tool. Finally, it highlights the digital resilience experience of children and young people with vulnerabilities. However, the framework has limitations. It cannot be readily applied as a guide for embedding digital resilience into school policy or curricula. Also, it lacks explicit guidance on how children and young people with vulnerabilities can recover or rebuild digital resilience after difficult online experiences, and its usefulness as a data tool is confined to information related to digital resilience.

22. Recognition of child maltreatment: lessons from history

Authors: Moore, Angela

Publication Date: 2025

Journal: Archives of Disease in Childhood

Abstract: The Archives of Disease in Childhood 's centenary provides an opportunity to reflect on how our attitudes to child abuse have changed. Many are still reluctant to think the unthinkable and ask the awkward questions, but several high-profile cases have shown that recognition is still wanting, despite mandatory safeguarding training for all professionals working with children. A timeline of significant cases which have changed practice in the UK is given in the table and some of the most important will be discussed in this review. (© Author(s))

23. An Investigation of Factors Affecting the Ability to Determine Symptoms and Risks of Child Abuse and Neglect in Midwifery and Nursing Students

Authors: Mumcu, Nuran;Çavuşoğlu, Figen;Çal, Ayşe and Güven, Emel

Publication Date: Nov ,2025

Journal: Child Abuse Review 34(6), pp. 1–10

Abstract: Child maltreatment is a global problem with serious life-long consequences. Preventing child maltreatment before it starts is possible and requires a multisectoral approach. This study aimed to investigate the factors affecting the ability to determine symptoms and risks of child abuse and neglect in midwifery and nursing students. The population of this descriptive study consisted of a total of 882 midwifery and nursing students studying in the Faculty of Health Sciences of a university in the Black Sea Region of Turkey. The sample included a total of 719 midwifery and nursing students who agreed to participate in the study. Of the students, 60.5% (n = 435) were nursing students, and 39.5% (n = 284) were midwifery students. The study was conducted between April and May 2017. The data were collected with the Personal Information Form and the Scale for Determining Symptoms and Risks of Child Abuse and Neglect (SDSRCAN) and were analysed using the SPSS 21 software program. The analysis involved descriptive statistics, t test, ANOVA and post hoc Tukey HSD test. The mean score of the students on the SDSRCAN was 3.64 ± 0.40 , with subscale mean scores ranging from 3.23 ± 0.62 to 3.92 ± 0.62 . Female students, midwifery students, those who were older and those with more years of university education had statistically significantly higher mean scores on the SDSRCAN and its subscales. This study identified a deficiency in the ability to determine, as the mean SDSRCAN score among nursing and midwifery students fell below the desired threshold of 5.0. It is recommended that more training be provided to enhance the ability to determine symptoms and risks of child abuse and neglect among nursing and midwifery students. Summary: Students were found to have a knowledge gap in determining the signs and risks of child abuse and neglect (SDSRCAN). Most of the students could determine physical symptoms of child abuse and neglect, while a lower percentage of them could determine emotional symptoms. The students exhibited limited ability to determine symptoms of emotional abuse and neglect. The SDSRCAN score is affected by the variables of department, age, gender, living place, years of education and receiving education about child abuse and neglect. Students should have professional practice in places where they may encounter abuse and neglect cases and receive training on the subject.

24. Reproductive coercion: the role of clinicians in general practice

Authors: Saldanha, Susan;Le, Khue;Botfield, Jessica R.;Gwini, Stella May and Mazza, Danielle

Publication Date: 2025

Journal: Australian Journal of Primary Health 31(5), pp. 1–10

Abstract: Reproductive coercion (RC) is a form of gender-based violence that directly undermines reproductive autonomy, and can result in significant sexual, reproductive and mental health harms. Clinicians in general practice are well-positioned to address RC, given the central role of general practice in sexual and reproductive health care, as well as domestic and family violence response. Yet, RC often remains poorly understood in this setting, and guidance for clinical responses is underdeveloped. In this forum article, we examine why RC should be prioritised in general practice settings, outline what an appropriate response could involve in general practice, and discuss the system-, clinician-, and patient-level challenges and considerations to identifying and responding to RC in general practice. We also draw attention to how clinical practices, particularly in sexual and reproductive health care, can unintentionally reproduce dynamics of RC, and must be consciously managed to uphold patient autonomy. We argue for a more intentional role for general practice in RC recognition and response, underpinned by context-specific evidence-based guidelines, targeted training and integrated system-level support, to safeguard reproductive autonomy among general practice patients. Reproductive coercion, where individuals are pressured or forced into pregnancy-related decisions, can cause serious harm, yet remains under-recognised in general practice settings. This forum article explores the unique role of clinicians in general practice in identifying and responding to this form of violence, highlighting key challenges and practical strategies for improvement. Strengthening the role of general practice can help ensure safer, more respectful care for women experiencing reproductive coercion.

25. Intimate partner violence and witnessing domestic violence: a comparison of Italian and international evidence

Authors: Santambrogio, Jacopo; Fraterrigo, Tiziana R.; Muratore, Giuseppina; Del Corno, Alice; Francia, Emma; Mosca, Francesca; Maissen, Jessica; Di Giacomo, Ester; Colmegna, Fabrizia; Andreini, Elena; Terrevazzi, Sergio; Amatulli, Antonio; Sofia, Michele; Zagari, Antonino; Tersalvi, Carlo Alberto; Howarth, Emma and Clerici, Massimo

Publication Date: 2025

Journal: Rivista Di Psichiatria 60(6), pp. 232–252

Abstract: The objective of this review is to examine the recent literature on intimate partner violence (IPV) and witnessing domestic violence (WDV) with a view to providing definitions, prevalence data for Italy and other countries, and for special populations (such as patients with severe mental illness), investigations into risk factors (alcohol, substances, child abuse) and the consequences for general and mental health. In addition to a free search with Google, Medline was interrogated, using PubMed and PsycInfo for both topics. A total of 757 publications were extracted from PubMed and 338 from PsycInfo for IPV and mental disorders, while 334 publications were found in PubMed and 205 in PsycInfo for WDV; updated epidemiological data was obtained from Italian websites (e.g. ISTAT, Office for National Statistics). We concluded that given the increasing incidence of domestic violence, health and academic institutions should frame the phenomenon in epidemiological and clinical terms, providing updated research data to the stakeholders in order to improve treatment and prevention practices.

26. **Estimating risk on filicide: A comparison of risk factors between fatal and non-fatal parental violence against children**

Authors: van Berkel, Sheila R.;Aarten, Pauline G. M.;Alink, Lenneke R. A. and Liem, Marieke C. A.

Publication Date: 2025

Journal: Aggression & Violent Behavior 85, pp. N.PAG

Abstract: To prevent filicide (child homicide by parents) it is essential to distinguish high-risk families from low-risk families. This study aimed to identify risk factors for filicide by computing risk ratios of characteristics of victims and perpetrators of filicide compared with (1) general population families and (2) non-fatal child abuse cases. Data from three national registers were combined: the Dutch Homicide Monitor, the Dutch police reporting system and microdata from Statistics Netherlands. Compared to the general population, young children (0–3 years old), boys, and children in a single-parent family faced an increased risk on becoming a filicide victim. For perpetrators, several risk factors were distinguished such as: being 18–25 years old, mental health problems, financial hardship, single parenthood and recent violent victimization. Compared to non-fatal child abuse, filicide risk was higher among victims under 4 years old and perpetrators aged 18–25 who were experiencing financial hardship. Young children and those with young parents who experience high levels of stress and have limited recourses may be at increased risk of filicide. With a few exceptions, risk factors present in victims and perpetrators of filicide and non-fatal child abuse appeared to be quite similar. • This study examines the risk of becoming a filicide victim or perpetrator. • Risk factors for filicide reflect stress and lack of parental resources. • Risk factors in filicide and non-fatal child abuse are quite similar. • Early family support focusing on economic stress and mental health is important.

27. **Medical neglect and medical child abuse**

Authors: Palusci, Vincent J.

Publication Date: 2024

Journal: International Journal of Child & Adolescent Health 17(4), pp. 311–316

Abstract: Medical neglect (MN) is defined as the failure of a caretaker (1) to heed obvious signs of serious illness, (2) to seek medical care in a timely fashion, or (3) to follow instructions once medical advice is obtained. It is reportable as a form of child maltreatment (CM). At the opposite end of the care spectrum, medical child abuse (MCA) (previously referred to as Munchausen syndrome by proxy MSBP]), occurs when parents exaggerate, invent, or induce symptoms in their children and seek unnecessary medical care for them. Both of these conditions result in inadequate medical care for the child, with attendant harm to growth, development and even life itself. Recognizing and responding to both is an important part of medical practice.

28. Associations between sleep and circadian disruption in shift work and perpetration of interpersonal violence

Authors: Flinn, Rosalie B. and Spencer, Rebecca M. C.

Publication Date: 2023

Journal: Frontiers in Sleep 2, pp. 1220056

Abstract: Research has uncovered substantial consequences of shift work on health outcomes through disruption of sleep and circadian rhythms. Less explored is how the effects of shift work on sleep and circadian rhythms can facilitate interpersonal aggression and violence within the home (i.e., intimate partner violence, child abuse). Given challenges in direct studies on this topic, integration across related literature is critical. In this narrative review, we identify compounding variables centered around sleep and circadian rhythms that place shift workers at an increased risk of perpetrating interpersonal violence. Shift workers have impaired sleep and altered circadian rhythms. Associated alternations in executive functioning, stress, and alcohol use provide pathways to increase risk for interpersonal violence. A model of interactions facilitating the relationship between shift work and interpersonal violence is proposed to promote prevention efforts and motivate policy change. (Copyright © 2023 Flinn and Spencer.)

Sources Used:

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